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REGISTER

RULES
OF GOVERNMENTAL
AGENCIES



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Issue 16-April 14, 2000: Data Through March 31, 2000
 Issue 29-July 14, 2000: Data Through June 30, 2000
 Issue 42-October 13, 2000: Data Through September 30, 2000
 Issue 3-January 19, 2001: Data Through December 31, 2000 (Annual)

REGISTER PUBLICATION SCHEDULE 2001

Issue #	Copy Due by 4:30 p.m.	Publication Date	Issue #	Copy Due by 4:30 p.m.	Publication Date
Issue 1	December 26, 2000	January 5, 2001	Issue 28	July 2	July 13
Issue 2	January 2, 2001*	January 12	Issue 29	July 9	July 20
Issue 3	January 8	January 19	Issue 30	July 16	July 27
Issue 4	January 16*	January 26	Issue 31	July 23	August 3
Issue 5	January 22	February 2	Issue 32	July 30	August 10
Issue 6	January 29	February 9	Issue 33	August 6	August 17
Issue 7	February 5	February 16	Issue 34	August 13	August 24
Issue 8	February 13*	February 23	Issue 35	August 20	August 31
Issue 9	February 20*	March 2	Issue 36	August 27	September 7
Issue 10	February 26	March 9	Issue 37	September 4*	September 14
Issue 11	March 5	March 16	Issue 38	September 10	September 21
Issue 12	March 12	March 23	Issue 39	September 17	September 28
Issue 13	March 19	March 30	Issue 40	September 24	October 5
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Issue 15	April 2	April 13	Issue 42	October 9*	October 19
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Issue 17	April 16	April 27	Issue 44	October 22	November 2
Issue 18	April 23	May 4	Issue 45	October 29	November 9
Issue 19	April 30	May 11	Issue 46	November 5	November 16
Issue 20	May 7	May 18	Issue 47	November 13*	November 26**
Issue 21	May 14	May 25	Issue 48	November 19	November 30
Issue 22	May 21	June 1	Issue 49	November 26	December 7
Issue 23	May 29*	June 8	Issue 50	December 3	December 14
Issue 24	June 4	June 15	Issue 51	December 10	December 21
Issue 25	June 11	June 22	Issue 52	December 17	December 28
Issue 26	June 18	June 29	Issue 1	December 26 (Wed Noon)	January 4, 2002
Issue 27	June 25	July 6			

* Tuesday 12 noon deadline following a state holiday.

** Monday publication date following a state holiday.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Reports of Child Abuse and Neglect

2) Code Citation: 89 Ill. Adm. Code 300

3) Section Numbers: 300.130
Proposed Action:
Amended

4) Statutory Authority: 325 ILCS 5 and 410 ILCS 210/3

5) A Complete Description of the Subjects and Issues Involved: The revised Rule Section implements Public Act 92-0295, which requires the Department to send a copy of final finding reports involving indicated allegations of physical or sexual abuse to the indicated victim's school within ten days after the investigation is completed.

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any proposed amendments to this Part pending? No

10) Statement of Statewide Policy Objectives: The amendment does not expand a state mandate as defined in Section 3 of the State Mandates Act [30 ILCS 805].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jeff Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 East Monroe Street, Station #65
Springfield, Illinois 62701-1498
Telephone: 217/524-1983
TDD: 217/524-3715
FAX: 217/557-0692
E-Mail address: cfpolicy@idcfs.state.il.us

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

12) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on the 2 most recent regulatory agendas because: It was not anticipated.

The full text of the Proposed Amendments begins on the next page.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: SERVICE DELIVERY

PART 300

REPORTS OF CHILD ABUSE AND NEGLECT

Section	
300.10	Purpose
300.20	Definitions
300.30	Reporting Child Abuse or Neglect to the Department
300.40	Content of Child Abuse or Neglect Reports
300.50	Transmittal of Child Abuse or Neglect Reports
300.60	Special Types of Reports (Recodified)
300.70	Referrals to the Local Law Enforcement Agency and State's Attorney
300.80	Delegation of the Investigation
300.90	Time Frames for the Investigation
300.100	Initial Investigation
300.110	The Formal Investigative Process
300.120	Taking Children into Temporary Protective Custody
300.130	Notices Whether Child Abuse or Neglect Occurred
300.140	Transmittal of Information to the Illinois Department of Professional Regulation and to School Superintendents
300.150	Referral for Other Services
300.160	Special Types of Reports
300.170	Child Death Review Teams
APPENDIX A	Acknowledgement of Mandated Reporter Status
APPENDIX B	Child Abuse and Neglect Allegations

AUTHORITY: Implementing and authorized by the Abused and Neglected Child Reporting Act [325 ILCS 5] and Section 3 of the Consent by Minors to Medical Procedures Act [410 ILCS 210/3].

SOURCE: Adopted and codified as 89 Ill. Adm. Code 302 at 5 Ill. Reg. 13188, effective November 30, 1981; amended at 6 Ill. Reg. 15529, effective January 1, 1983; recodified at 8 Ill. Reg. 992; peremptory amendment at 8 Ill. Reg. 5373, effective April 12, 1984; amended at 8 Ill. Reg. 12143, effective July 9, 1984; amended at 9 Ill. Reg. 2467, effective March 1, 1985; amended at 9 Ill. Reg. 9104, effective June 14, 1985; amended at 9 Ill. Reg. 15820, effective November 1, 1985; amended at 10 Ill. Reg. 5915, effective April 15, 1986; amended at 11 Ill. Reg. 1390, effective January 13, 1987; amended at 11 Ill. Reg. 1151, effective January 14, 1987; amended at 11 Ill. Reg. 1829, effective January 15, 1987; recodified from 89 Ill. Adm. Code 302.20, 302.100, 302.110, 302.120, 302.130, 302.140, 302.150, 302.160, 302.170, 302.180, 302.190; and Appendix A at 11 Ill. Reg. 3492; emergency amendments at 11 Ill. Reg. 4058, effective February 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12619, effective July 20, 1987; recodified at 11 Ill. Reg. 13405; amended at 13 Ill. Reg. 2419, effective March 1, 1989; emergency amendment at 14 Ill. Reg. 11356,

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 17558, effective October 15, 1990; amended at 14 Ill. Reg. 19827, effective November 28, 1990; emergency amendment at 15 Ill. Reg. 14285, effective September 25, 1991; amended at 15 Ill. Reg. 17986, effective December 1, 1991; emergency amendment at 17 Ill. Reg. 15658, effective September 10, 1993, for a maximum of 150 days; emergency expired February 7, 1994; amended at 18 Ill. Reg. 8377, effective May 31, 1994; amended at 18 Ill. Reg. 8601, effective June 1, 1994; amended at 19 Ill. Reg. 3469, effective March 15, 1995; amended at 19 Ill. Reg. 10522, effective July 1, 1995; amended at 20 Ill. Reg. 10328, effective July 19, 1996; amended at 22 Ill. Reg. 18847, effective October 1, 1998; amended at 23 Ill. Reg. 13590, effective November 15, 1999; amended at 24 Ill. Reg. 7707, effective June 1, 2000; amended at 25 Ill. Reg. 12781, effective October 1, 2001; amended at 26 Ill. Reg. _____, effective _____.

Section 300.130 Notices Whether Child Abuse or Neglect Occurred**a) Written Notices of Decision**

The Department provides a written notice to mandated reporters who reported suspected child abuse or neglect as well as to the child's parent, personal guardian, or legal custodian; the Juvenile Court Judge (when a State ward is involved); and the alleged perpetrator concerning the final determination of the report.

b) Mandated Reporters

1) Mandated reporters who have reported suspected child abuse or neglect are informed via a written notice that a formal investigation was conducted. The written notice also provides an explanation of how further information on an indicated report may be secured. Department staff will notify them in writing:

A) of the name of the child who was the subject of a report of abuse or neglect;

B) whether the report was indicated or unfounded;

C) whether the Department took temporary protective custody. Requests for additional information must be directed, in writing, to the State Central Register and must include:

A) the identity of the requestor;

B) the subject's name for whom the record is requested;

C) a notary public's attestation as to the identity of the requestor;

D) the purpose of the request.

3) Upon receipt of an appropriate request, only the following information will be disclosed to the mandated reporter:

A) whether a Department case has been opened for the family or children; and

B) what Department services are being provided to the family or children.

4) All requested information is sent in writing through certified mail and is deliverable only to the mandated reporter who made

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

the request.

- 5) Whenever the Department determines that a reported incident of child abuse or neglect from a mandated reporter is unfounded, the mandated reporter may request a review of the investigation within ten days after the notification of the final findings. Multi-disciplinary Review Committees established in each of the Department's regions shall conduct requested reviews.
 - 6) Multi-disciplinary Review Committees shall draw upon the expertise of the Child Death Review Teams (see Section 300.170 of this Part). Each committee shall be composed of a health care professional, Department employee, law enforcement official, licensed social worker, and representative of a State's Attorney's office. When appointing committee members, primary consideration shall be given to candidates with prior child abuse and neglect case experience.
 - 7) Multi-disciplinary Review Committees will have access to all information in the Department's possession related to the case being reviewed. Committee recommendations concerning the adequacy of the investigation and accuracy of the final finding determination shall be made to the regional Child Protection Manager.
 - 8) Department records of investigations provided to committees and committee recommendation reports shall not be public record.
- c) Parents, Personal Guardians, Legal Custodians, and Alleged Perpetrators
- 1) Custodial and non-custodial parents, personal guardians, or legal custodians of child subjects, and alleged perpetrators, shall receive notification within five calendar days after the report has been indicated or unfounded which indicate that the allegations were either:
 - A) unfounded, and that all identifying information in the computer and local index files will be retained in accordance with 89 Ill. Adm. Code 431 (Confidentiality of Information of Persons Served by the Department); or
 - B) indicated, and all Department records will be maintained intact.
 - 2) In addition, written notices shall explain that:
 - A) the subjects of the report have access to the Department's records on the report, with the exception of the identity of the reporter or other persons who cooperated in the investigation;
 - B) the subjects of the report have the right to request a review of the determination that the report was indicated including the decision to maintain a record of the report in the Department's computer and local index files. 89 Ill. Adm. Code 336 (Appeal of Child Abuse and Neglect Investigation Findings) fully explains the Department's review and appeal process; and

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- C) the subjects of the report may request, within 10 days of the date on the written notice, that an unfounded report be retained in the Department's computer and local index files, if the subjects of the report believe the report was not made in good faith. All such requests will be honored.

d) Child's School

- 1) The Department shall send a copy of final finding reports involving indicated allegations of physical or sexual abuse to the indicated victim's school within ten days after the investigation is completed. Reports completed during the summer months shall be sent to the last known school attended by the child.
- 2) The final finding report shall be sent confidential and the school shall ensure that the report remains confidential in accordance with the Illinois School Student Records Act.
- 3) The victim's school shall purge the final finding report from the student's record and return the report to the Department upon notification from the Department that the report was overturned in an appeal or hearing or an indicated finding has been expunged from the State Central Register or that the Department has determined that the child is no longer at risk of physical or sexual harm.

ed) Other Parties

The Department shall notify, in writing, those supervisors or administrators referenced in Section 300.100(i) of this Part whether a report involving the persons they supervise was indicated or unfounded and, if unfounded, that Section 13 of the Personnel Record Review Act [820 ILCS 40/13] requires that any record of the investigation must be expunged from the employee's personnel records. The Department shall also notify the employee, in writing, that notification has been sent to the employer informing the employer that the Department's investigation has resulted in an unfounded report. The notice to the employee shall also contain a statement of the employee's right to take the notice to the employer to have any record of the investigation expunged from the employee's record.

fe) Child Abuse and Neglect Reports on Children in Department Custody

- 1) When a child is reported to the Department as being abused or neglected while in a foster home or relative home placement, whether by the foster parent, caregiver, or any other person residing in the home, the Department shall promptly notify the following persons when the report has been made, when an investigation is pending, and when the report has been indicated or unfounded:
 - A) the parents or private guardians of the alleged abuse or neglect victim;
 - B) all Department caseworkers or case managers responsible for the alleged victim and for any other children in the same foster home or relative home placement;

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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- C) those persons designated by the Director as responsible for evaluating the investigation and the disposition of the report;
- D) Department staff responsible for licensing and making placements with the facility.
- 2) When a child is reported to the Department as being abused or neglected while in residential placement, the Department shall promptly notify the following persons when the report has been made, an investigation is pending, and when the report has been indicated or unfounded:
- A) the parents or private guardians of the alleged abuse or neglect victim;
- B) those Department caseworkers or case managers responsible for the alleged victim, for each child alleged to be a witness to the incident, and for each child alleged to be a perpetrator of the incident;
- C) those persons designated by the Director responsible for evaluating the investigation and the disposition of the report;
- D) Department staff responsible for licensing and making placements with the facility.
- 3) The Department shall notify the following when a report involving a child in Department custody is indicated:
- A) the Juvenile Court. If services are being provided by the Department or its providers, the notice shall also give the name and location of the Department office serving the children;
- B) the Department's administrative case reviewer responsible for reviewing the case plans of the children involved.
- 4) The Department shall transmit a copy of the report to the guardian ad litem appointed under the Juvenile Court Act of 1987 when a report has been indicated, unfounded, or undetermined and the minor who is the subject of the report is also the minor for whom the guardian ad litem has been appointed.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Procedures for Gas, Electric, Water and Sanitary Sewer Utilities Governing Eligibility for Service, Deposits, Payment Practices and Discontinuance of Service
- 2) Code Citation: 83 Ill. Adm. Code 280
- 3) Section Numbers: 280.70
Proposed Action: Amendment
- 4) Statutory Authority: Implementing the Small Business Utility Deposit Relief Act [220 ILCS 35] and Sections 8-101 and 8-207 of the Public Utilities Act [220 ILCS 5/8-101 and 8-207], and authorized by Section 8 of the Small Business Utility Deposit Relief Act [220 ILCS 35/8] and Sections 8-101, 8-207, and 10-101 of the Public Utilities Act [220 ILCS 5/8-101, 8-207, and 10-101].
- 5) A Complete Description of the Subjects and Issues Involved: The Commission has established rules concerning the deposits to be paid by applicants for service and customers. In Section 280.70(e)(1), the Commission states:
- Interest shall be paid on all deposits held by the utility. The rate of interest to be paid on such deposits will be calculated following completion of the instant rulemaking procedures and every December thereafter. The rate of interest will be the same as the rate existing for one year United States treasury bills at that point in time when the determination of the interest rate is made by the Commission. The interest rate will be rounded to the nearest one-half (1/2) of one percent (1%).
- In December of each year the Commission shall announce the rate of interest which shall be paid on all deposits held during all or part of the subsequent year.

The United States Treasury no longer offers one year (52 week) Treasury bills. The last auction of 52 week U.S. Treasury bills took place on February 27, 2001. As an alternative, the Commission will use the average 1-year yield on U.S. Treasury securities for the last full week in November as the rate to be paid by utilities on deposits for the next calendar year. This will provide a rate analogous to the rate on the one year bills previously sold. This rulemaking is limited in scope to the selection of the government instruments to be used as the basis for the interest rate to be paid on deposits by utilities and telecommunications carriers.

- 6) Will these proposed amendments replace emergency amendments currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: These proposed amendments neither create nor expand any State mandate on units of local government, school districts, or community college districts.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed in Commission Docket 01-0801 with:
- Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701
(217)782-7434
- Comments should be filed with the Chief Clerk within 45 days after the date of this issue of the *Illinois Register*.
- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments will affect any subject jurisdictional entities that are also small businesses as defined in the Illinois Administrative Procedure Act. These amendments will not affect any small municipalities or not for profit corporations.
- B) Reporting, bookkeeping or other procedures required for compliance: Bookkeeping
- C) Types of professional skills necessary for compliance: Managerial skills
- 13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: The Commission did not anticipate the need for this amendment at that time.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment that appears in this issue of the *Illinois Register* on page

16345.

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
- 2) Code Citation: 83 Ill. Adm. Code 735
- 3) Section Numbers: Proposed Action:
735.120 Amendment
- 4) Statutory Authority: Implementing Sections 8-101 and 9-252 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/8-101, 9-252, and 10-101].
- 5) A Complete Description of the Subjects and Issues Involved: The Commission has established rules concerning the deposits to be paid by applicants for service and customers. In Section 735.120(h)(1), the Commission states:
- Interest shall be paid on all deposits held by the utility. The rate of interest will be the same as the rate existing for one year United States treasury bills at that point in time when the determination of the interest rate is made by the Commission. The interest rate will be rounded to the nearest one-half (1/2) of one percent (1%). In December of each year the Commission shall announce the rate of interest which shall be paid on all deposits held during all or part of the subsequent year.
- The United States Treasury no longer offers one year (52 week) Treasury bills. The last auction of 52 week U.S. Treasury bills took place on February 27, 2001. As an alternative, the Commission will use the average 1-year yield on U.S. Treasury securities for the last full week in November as the rate to be paid by carriers on deposits for the next calendar year. This will provide a rate analogous to the rate on the one year bills previously sold.
- This rulemaking is limited in scope to the selection of the government instruments to be used as the basis for the interest rate to be paid on deposits by utilities and telecommunications carriers.
- 6) Will this proposed amendment replace emergency amendments currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

- 10) Statement of Statewide Policy Objectives: This proposed amendment neither creates nor expands any State mandate on units of local government, school districts, or community college districts.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed in Commission Docket 01-0801 with the Chief Clerk within 45 days after the date of this issue of the Illinois Register.

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701
(217)782-7434

- 12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments will affect any subject jurisdictional entities that are also small businesses as defined in the Illinois Administrative Procedure Act. These amendments will not affect any small municipalities or not for profit corporations.

B) Reporting, bookkeeping or other procedures required for compliance: Bookkeeping

C) Types of professional skills necessary for compliance: Managerial skills

- 13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: The Commission did not anticipate the need for this amendment at that time.

The full text of the Proposed Amendments is identical to the text of Emergency Amendments that appears in this issue of the Illinois Register on page _____.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Public Use of State Parks and Other Properties of the Department of Natural Resources

- 2) Code Citation: 17 Ill. Adm. Code 110

- 3) Section Numbers: 110.40
Proposed Action: Amendment

- 4) Statutory Authority: Implementing and authorized by Section 8 of the State Forest Act [525 ILCS 40/8] and by Sections 1, 2, 4 and 6 of the State Parks Act [20 ILCS 835/1, 2, 4 and 6] and by Section 5 of the State Parks Designation Act [20 ILCS 840/5] and by Sections 805-10, 805-520, 805-525, 805-330, 805-335 and 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-10, 805-520, 805-525, 805-330, 805-335 and 805-515].

- 5) A Complete Description of the Subjects and Issues Involved: Based on extensive Departmental review, six lakes have been chosen to explore whether horsepower restrictions could be relaxed to provide more opportunity for anglers with larger motors who cannot currently access a number of State owned or leased waters. These lakes will be extensively monitored in order to assess the impacts of this change.

- 6) Will this rulemaking replace any emergency rulemaking currently in effect? No

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other proposed amendments pending on this Part? Yes
Section Numbers: 110.185
Proposed Action: Amendment
Illinois Register Citation: 25 Ill. Reg. 13585, 10/16/01

- 10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price
Department of Natural Resources
524 S. Second Street
Springfield IL 62701-1787
217/782-1809

- 12) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: The Department did not anticipate the necessity of filing amendments to this Part at the time the regulatory agenda was summarized.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER a: LANDS

PART 110

PUBLIC USE OF STATE PARKS AND OTHER PROPERTIES OF THE
DEPARTMENT OF NATURAL RESOURCES

Section	
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110.5	Unlawful Activities (Repealed)
110.20	Alcoholic Beverages -- Possession, Consumption, Influence
110.30	Animals -- Pets, Dogs, Cats -- Noisy, Vicious, Dangerous Animals -- Horses -- Livestock -- Animal Waste
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110.50	Capacity of Areas -- Usage Limitation
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110.160	Vehicles -- Operation on Roadway -- Speed -- Parking -- Weight Limit
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110.175	Nudity Prohibited
110.180	Violation of Rule

AUTHORITY: Implementing and authorized by Section 8 of the State Forest Act [525 ILCS 40/8] and by Sections 1, 2, 4 and 6 of the State Parks Act [20 ILCS 835/1, 2, 4 and 6] and by Section 5 of the State Parks Designation Act [20 ILCS 840/5] and by Sections 805-10, 805-520, 805-525, 805-330, 805-335 and 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-10, 805-520, 805-525, 805-330, 805-335 and 805-515].

SOURCE: Adopted at 4 Ill. Reg. 11, p. 59, effective March 4, 1980; emergency amendment at 5 Ill. Reg. 8933, effective August 25, 1981, for a maximum of 150 days; codified at 5 Ill. Reg. 10621; amended at 6 Ill. Reg. 7401, effective June 11, 1982; amended at 8 Ill. Reg. 9967, effective June 19, 1984; amended at 10 Ill. Reg. 9797, effective May 21, 1986; amended at 10 Ill. Reg. 13256, effective July 25, 1986; amended at 13 Ill. Reg. 3785, effective March 13, 1989; amended at 15 Ill. Reg. 14423, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 7934, effective May 11, 1992, for a maximum of 150

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days; emergency expired October 8, 1992; amended at 16 Ill. Reg. 15435, effective September 28, 1992; amended at 19 Ill. Reg. 6471, effective April 28, 1995; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 22 Ill. Reg. 14832, effective August 3, 1998; amended at 24 Ill. Reg. 12556, effective August 7, 2000; emergency amendment at 25 Ill. Reg. 13786, effective October 12, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. _____, effective _____.

Section 110.40 Boats and Other Watercraft

It shall be unlawful:

a) For any person to operate any sailboat, rowboat, houseboat, pontoon boat, or boat propelled by machinery or other watercraft in any pond, lake, river, canal, or other body of water where posting clearly indicates that certain specific boating usage is prohibited. However, Department of Natural Resources employees operating watercraft in carrying out official duties and personnel of cooperating agencies or agencies operating watercraft as authorized by the Department of Natural Resources are exempt from boating regulations in this Section 110.40 or in specific site rules as determined by Department of Natural Resources supervisory managers in order to provide management actions for enhancing or saving the resource base or the safety and welfare of the using public.

b) For any person to use a motor driven boat on any body of water under the jurisdiction of the Department that has less than 60 surface acres. However, this does not exclude the use of motor driven boats to gain access to duck blinds during blind building activities and during the waterfowl hunting season or electric trolling motors on these bodies of water.

c) For any person to use a motor driven boat with a motor of a size larger than 10 H.P. on any body of water under the jurisdiction of the Department that has 60 or more surface acres of water area except: departmentally supervised waters of over 500 acres and portions of canals having specific regulations posted on boat motor size and boat use allowed and except that an outboard horsepower restriction shall not apply at posted boat launch ramps while loading or unloading a trailered watercraft; provided that the watercraft over the H.P. limit is operated at a no-wake speed within 150 feet of the loading ramp itself.

1) departmentally supervised waters of over 500 acres;

2) on the following lakes which are between 60-500 acres, motors of any size are allowed (10 H.P. and under may operate at full speed while motors larger than 10 H.P. must operate at no wake, idle speed):

Shabbona Lake (DeKalb County)

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Pierce Lake (Winnebago County)

Wolf Lake (Cook County)

Dawson Lake (McLean County)

Washington County Lake (Washington County)

Mermet Lake (Massac County); and

3) portions of canals having specific regulations posted on boat motor size and boat use allowed and except that an outboard horsepower restriction shall not apply at posted boat launch ramps while loading or unloading a trailered watercraft; provided that the watercraft over the H.P. limit is operated at a no-wake speed within 150 feet of the loading ramp itself.

d) For any person to allow his boat or other watercraft to remain on any of the public recreational and fishing areas under the jurisdiction of the Department beyond the date of December 1st of each year.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Public Use Of The Capitol Complex Facilities

2) Code Citation: 71 Ill. Admin. Code 2005

3) Section Numbers:

2005.10	<u>Emergency Action:</u>
2005.20	Amendment
2005.30	Amendment
2005.40	Amendment
2005.50	Amendment
2005.60	Amendment
2005.70	Amendment
2005.80	Amendment
2005.90	Amendment

4) Statutory Authority: Implementing and authorized by Section 5 of the Secretary of State Act [15 ILCS 305/5].

5) A Complete Description of the Subjects and Issues Involved: A revision of the procedures for security at the Capitol Complex. This includes establishing rules for identification of employees, vendors and visitors, and revises the rules for demonstrations.

6) Will this proposed rulemaking replace an emergency rule currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed rulemakings will increase the security at the Capitol Complex, in light of the September 11, 2001 terrorist attacks.

11) Time, place and manner in which interested persons may comment on this proposed rulemaking: The Secretary of State will fully consider all comments received within 45 days of the date this notice is published. All comments must be in writing and should be sent to:

Robert W. Mueller
Assistant General Counsel
Driver Services Department
2701 S. Dirksen Parkway
Springfield IL 62723
217-782-5356
Fax: 217-785-1385

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12) Initial Regulatory Flexibility Analysis:

A) Types of small business, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping, other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory agenda on which this rulemaking was included: July 2001

The full text of the proposed amendments begins on the next page.

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(Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 2005.20 Definitions

"Building" means the Stratton Office Building, Visitors' Center, the Capitol Building, the Howlett Centennial Building, and other buildings named in Section 2005.10 of this Part, in Springfield, Illinois.

"Capitol Complex" means all buildings, grounds, and parking lots herein identified with boundaries being Washington Street, Third Street, Cook Street, and Pasfield Street in the City of Springfield, based upon Section 3.08 of the Space Needs Act [25 ILCS 125/3.08] ~~(1117-Rev-Stat-1987-eh-637-par-223-00)~~.

"Commercial Activity" means an activity whose primary purpose is to obtain a profit for the benefit of an individual, or business entity organized for profit and shall not include the solicitation of donations by anyone during a demonstration, or for charitable purposes, as defined by the Charitable Trusts Act [760 ILCS 55] ~~(1117-Rev-Stat-1987-eh-147-par-51-et-seq)~~ and Solicitation for Charity Act ~~An Act to regulate solicitations and collection of funds for charitable purposes: [225 ILCS 460] (1117-Rev-Stat-1987-eh-237-par-5181-et-seq)~~.

"Demonstration" means demonstrating, picketing, marching, rallying, selling non-commercial printed matter or materials, moving in procession, holding of vigils, singing, chanting, or shouting in a loud voice of the type that could interfere with the business conducted in the building, and all other forms of public demonstrative activity that involve the communication or expression orally or by conduct, of views or grievances, engaged in by one or more persons, the conduct of which has the effect, intent, or propensity to draw a crowd or onlookers within 100 feet of the buildings named in Section 2005.10 of this Part or on the Capitol Complex grounds, or within the building or the Capitol. Demonstration shall also mean demonstrating, parading, picketing, speechmaking, holding of vigils, sit-ins, or other activities, conducted for the purpose of demonstrating approval or disapproval of governmental policies or practices (or the lack thereof), expressing a view on public issues, or bringing into public notice any issue or other matter. However, nothing in this Part ~~herein~~ shall be construed to govern lobbyists or lobbying as defined by the Lobbyist Registration Act [25 ILCS 170], ~~(1117-Rev-Stat-1987-eh-637-par-171-et-seq)~~ nor shall a demonstration mean the peaceful contact or discussion by one or more persons with elected representatives during a legislative session, or with executive branch officials, concerning their view on public or personal issue.

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TITLE 71: PUBLIC BUILDINGS, FACILITIES AND REAL PROPERTY
CHAPTER IV: SECRETARY OF STATE

PART 2005
PUBLIC USE OF THE CAPITOL COMPLEX FACILITIES

- Section 2005.10 Applicability
- 2005.20 Definitions
- 2005.30 Business Hours and Public Access
- 2005.40 Prohibited Activities
- 2005.50 Demonstrations
- 2005.60 Use of Buildings for Non-Demonstration Activity or Fund Raising
- 2005.70 Distribution of Leaflets and Solicitations of Funds
- 2005.80 Secretary of State Police Department
- 2005.90 Severability

AUTHORITY: Implementing and authorized by Section 5 of the Secretary of State Act [15 ILCS 305/5].

SOURCE: Adopted at 14 Ill. Reg. 7282, effective May 1, 1990; emergency amendment at 21 Ill. Reg. 6927, effective May 21, 1997, for a maximum of 150 days; emergency expired October 17, 1997; amended at 21 Ill. Reg. 14563, effective October 23, 1997; emergency amendment at 25 Ill. Reg. 15259, effective November 7, 2001, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 25 Ill. Reg. 15656, effective November 27, 2001; emergency amendment at 25 Ill. Reg. 15658, effective November 27, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. _____, effective _____.

Section 2005.10 Applicability

This Part is applicable to the use of the Stratton Building, the Visitors' Center, the Supreme Court Building, the Capitol Building, the Willard Ice Revenue Building, the Department of Driver Services Building, the Howlett Centennial Building, the State Library and their grounds, the Archives Building, Driver's License Facility Mechanical Services Building at 316 North Klein, Klein and Mason Warehouse, Power Plant at 315 North Klein, Court of Claims, Waterways Building/Appealate Court at 201 West Monroe, ~~Legislative Commission--at--308--West-Monroe~~, the Warehouses ~~new-Warehouse~~ at 3701 and 3765 Winchester Road, the Index Division at 111 East Monroe, the Emergency Services at 110 East Adam, the Securities Department at 900 South Spring, the Inspector General/Internal-Affairs-at-095-South-Spring, the Secretary of State Police at 322 East Adams, Internal Audits at 324 West Monroe, the Herndon Building at 421 East Capitol, ~~the-Property-Control-Warehouse-Museum-Collection-Center-at-11th and-Ash-Street~~, and the Property Control/Plate-Room-Facility/Literacy Division at 4th and Jackson, pursuant to Section 5 of the Secretary of State Act [15 ILCS 305/5] ~~1117-Rev-Stat-1987-eh-1247-par-547) (AN-Act-to-revise-the--law in-relation-to-the-Secretary-of-State)~~.

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"Director" means the Director or Acting Director of the Department of Physical Services of the Office of the Secretary of State of Illinois.

"Government Photo Identification Card" shall mean an employee identification card issued by any State, local or federal government or agency, or one issued by the Secretary of State to lobbyists, vendors and their employees and employees of State agencies that do not issue photo identification cards.

"Grounds" shall mean the grass areas, garden areas, and ~~shall exclude~~ all parking areas in the Capitol Complex.

"Interfere" or "interference" shall mean the type of conduct which by its nature tends to hinder, disrupt, or obstruct the orderly function of the official enterprises being carried on in the building or on the land of the building or Capitol Complex.

"Structure" shall mean anything, built by any person or persons, of any material or substantive, for purposes of display, residence, or as part of a demonstration. This term shall not refer to anything built pursuant to a State ~~state~~ contract for construction, remodeling, or repair of any State ~~state~~ property within the Capitol Complex or the buildings ~~building~~ defined in Section 2005.10 of this Part.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 2005.30 Business Hours and Public Access

a) The public business hours of the Capitol Complex Buildings are 7 a.m. to 6 p.m., Monday through Friday, except holidays declared by the Governor pursuant to Section 5-635 of the Civil Administrative Code of Illinois [20 ILCS 5/5-635], ~~§§11--Rev--Stat--1987--ch--127--par--1077~~ and on weekends and holidays between 9 a.m. and 4 p.m. for purposes of public tours only. When the General Assembly is in session, and the start of a committee meeting or session is sooner or later than the limits listed in this subsection, the public hours shall be one hour before the earliest committee meeting or session of either house for the opening time, and one hour after the adjournment of the last committee meeting or session of either house for the closing time in the Capitol Building or in whatever building the legislative function is held.

b) Entrance to any building during other than the times stated in subsection (a) of this Section is prohibited, except for the following persons who shall be admitted to office areas assigned to them for their use in carrying out their official duties:

- 1) members of the General Assembly;
- 2) employees of the General Assembly;

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- 3) employees of the executive departments whose offices are in the building;
- 4) representatives of news media who have offices in the Capitol Building;
- 5) any authorized maintenance, repairer, contractor or other service employee, while performing duties which have been arranged for by the Department of Physical Services; and
- 6) any person who is specifically ~~specifically~~ requested to enter into any building or office by an authorized individual listed in subsections (b)(1) to (4) of this Section.

c) Proper identification of all persons, such as a press pass, government photo identification ~~identity~~ card, a driver's license or other document which shows the identity of the person, may be demanded by security personnel, and all persons will be required to sign in and out of a building after 5 p.m. and before 7 a.m. Only one entrance shall be open after the public business hours. Factors to be considered in which identification may be requested include, but are not limited to: the security guard or investigator does not recognize the individual; the behavior of the individual; and accessibility to office areas, work areas and restricted access areas. All persons entering into the buildings of the Capitol Complex may be required to wear their government photo identification card outside their clothing at all times when it has been determined by the Director of the Department of Police that security concerns warrant such display. All visitors to the Capitol Complex who do not possess a government photo identification card will be required to sign a logbook as they enter the buildings. Visitors will be issued a visitor badge. Lobbyists, vendors and their employees and employees of State agencies that do not issue photo identification cards shall be issued photo identification cards by the Secretary of State Department of Physical Services.

d) All persons and vehicles entering into the Capitol Complex and its buildings may be subject to search, including, but not limited to, inspection of vehicles, trunks, parcels and packages, metal detector screening, X-Ray scans and inspection of bulky personal items brought into the Capitol Complex.

e) Firearms, fixed blade knives and knives with a blade exceeding 4 inches in length are prohibited in the Capitol Complex, except those possessed by law enforcement personnel in the performance of their official duties, or unless previously authorized by the Director of the Department of Police.

f) Public access to any building or area of the grounds may be restricted, if it is determined by the Director of the Department of Police that a situation has arisen that threatens the security of persons and buildings within the Capitol Complex.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

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Section 2005.40 Prohibited Activities

- a) No animals, except guide dogs to assist handicapped persons, or dogs utilized by police officers in the performance of their official duties, shall be permitted in the buildings in the Capitol Complex.
- b) No person or organization shall camp, erect a tent, monument (except as authorized by the Secretary of State to commemorate a deceased public official or a historical event), structure, portable toilet, platform, sign, or similar device on the grounds of or within the State Capitol, Visitors' Center, the State Library, the Howlett Building, or the Stratton Building, except as provided in subsection (i)(4) of this Section.
- c) No person or organization shall block, obstruct, or impede any doorway, stairway, corridor, or elevator in the Capitol Complex.
- d) No demonstrations are allowed above the first floor of the Capitol Building; this includes singing, chanting or shouting in a loud voice of the type that could interfere with the business conducted in the building.
- e) No banners, posters, placards, signs or symbols may be carried above the first floor of the Capitol Building. No sticks, poles, or laths may be used to carry any sign or placard into the buildings. No chains or ropes may be carried into the buildings, except by authorized workers and State employees, with the permission of the Director.
- f) No person or group of persons shall use any electronic loudspeaker, bullhorn, or other amplifying device within the Capitol Complex buildings or grounds, unless prior permission of the Director is obtained pursuant to Section 2005.50(d) of this Part. Permission will be granted for demonstration only.
- g) No banners, posters, placards, signs, or symbols may be affixed in any way by any person to the railing of the second, third or fourth floor of the State Capitol Building. No banners, posters, placards, signs or symbols for demonstration purposes may be affixed in any way to the walls, railings, floors, or ceilings of any of the buildings in the Capitol Complex.
- h) No banners, banner, posters, placards, placard, signs or symbols may be displayed for more than two weeks within a six month period.
- i) No displays or structures (including tents) in the buildings or on the grounds may be erected without the permission of the Director pursuant to Section 2005.50(d) of this Part. Permission shall be granted only if the display structure is part of symbolic expression in the exercise of free speech guaranteed by the First Amendment to the United States Constitution and Article I, Sections 4 and 5 of the 1970 Illinois Constitution. No more than 2 tents or small structures may be erected at the location designated by the Director, which location will not impede pedestrian or vehicular traffic or substantially damage the Capitol grounds i.e., damage to grass or grounds which would require replacement. The only locations which are authorized

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for structures and displays shall be the paved areas between the Howlett Building and the Capitol Building, in the north front of the Howlett Building and between the Stratton Building and the Archives Building. No structures or displays will be placed on grass areas which have an underground watering system on them.

- j) The display of commercial signs, placards, or other forms of advertisement, or the sale, display, or vending of commercial products or articles in the buildings or on the grounds is prohibited, except pursuant to contract with the State Government.
- k) The noise level from demonstrators, picketers, and protesters of any group or groups, or as individuals within the Capitol Building rotunda shall not exceed a decibel level of 75dB(A) 85dB(A). If the noise level from these persons exceeds this limit, the Director shall direct all persons to decrease the noise or to reduce the numbers of people within the Capitol Building to lower the noise level to the specified level, which shall not exceed 75dB(A).
- l) No person or organization shall damage, destroy, remove, deface, defile, tarnish, or injure in any way State property within the buildings or on the grounds thereof. All persons and organizations engaging in this type of prohibited activity will be responsible for all costs, expenses, damages, and liability resulting from their own actions or the actions of persons or organizations controlled or directed by them at the time of the damage to state property.
- m) No smoking in the public areas of all buildings, unless in a designated smoking area.
- n) No skateboard riding, rollerblading, or skating is allowed in the Capitol Complex.
- (Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 2005.50 Demonstrations

- a) The holding or conducting of any demonstration, public meeting, gathering, or parade on or in the buildings or their grounds is prohibited unless a permit for such activity is issued by the Director. A Special Events form ~~written-request~~ addressed to the Department of Physical Services, Special Events Division Director must be submitted at least 48 hours in advance of the event to be scheduled, unless the requestor can show by the preponderance of the evidence, that the cause or reason for the requested demonstration, meeting, gathering or parade was not known, contemplated, reasonably foreseeable, resulted from changed circumstances, or in existence within those 48 hours, except that no such request shall take precedence over an activity which was previously scheduled by the Director.
- b) The Special Events form ~~written-request~~ shall state the name of the individual, organization, corporation, association, society,

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fraternity, sorority, club, or group of whatever kind or nature seeking to use the building or the grounds. The request shall also list the names and addresses of all officers or leaders, the particular facility desired to be used, the dates and times sought, equipment to be used, or supplied, and the estimated number of the participants.

- c) Any group seeking a permit under this Section ~~hereunder-that-will-have 100-or-more-participants-at-any-demonstration~~ shall have one marshal per 25 participants. Marshals will be identified by insignia and their identities disclosed to security and/or police officials prior to the demonstration ~~supplied-by-the-Director~~. The marshals' duties shall include making certain, to the best of his/her ability under the circumstances, that the conditions of the permit are met, that compliance with the rules occurs, that the demonstration remains peaceful and orderly and the participants remain within the physical boundaries of the permit.

- d) The Director will issue a permit to an applicant unless he finds that the intended activity will:

- 1) Unreasonably interfere with the movement of vehicular traffic in the parking lots of the Capital Complex, or persons within the buildings or on the grounds;
- 2) Not occur in the area designated and will create or cause a health and/or safety hazard and will impede substantially the performance of public business to be conducted in the area;
- 3) Endanger the health and safety of the permit applicants or other persons;
- 4) Be a commercial activity; or
- 5) ~~Conflict with~~ in date, time, and place with a previously scheduled activity of another applicant or a government agency.

All Special Events forms are date and time stamped upon receipt and permits are issued on a first-come, first-served basis.

- e) Applicants may also be denied a permit if past demonstrations involving their particular organization/individuals have resulted in removal, arrest, or other violation of this Part.

- fe) Applicants denied a permit may modify their request to meet the objection and concerns of the Director and may resubmit their application for consideration.

- gf) A Special Events form addressed ~~written-request-in-letter-form~~ addressed to the Department of Physical Services, Special Events Division ~~Director~~ shall be considered an application. A written response from the Director approving part or all of the application shall be considered the permit. The written response shall state the reasons for denying in whole or in part the request. The Director is required to show by the preponderance of the evidence that an unreasonable interference will occur or is occurring when he denies the request in whole or in part.

- hg) A person or organization denied a permit in whole or in part, may appeal the denial to the Secretary of State. The appeal shall be in

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writing, stating the specific reasons why the Director's decision was incorrect and what relief is sought. The appeal must be submitted at least 24 hours prior to the time of the requested demonstration, to allow the Secretary time within which to consider and decide the appeal. The Secretary's decision shall be in writing, and shall be made at least 2 hours prior to the requested demonstration's time of starting. The Secretary's decision shall be final for the purposes of the Administrative Review Act [735 ILCS 5/Art. III] ~~§§11-13-Rev--Stat-1907-ch-1107-par-3-101-et-seq-7~~.

- i) Permitted demonstrations may be canceled without prior notice by the Director of the Department of Police, if security concerns warrant such an action.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 2005.60 Use of Building for Non-Demonstration Activity or Fund Raising Events

- a) Organizations that apply to sell baked goods, cards, or other items with a price not to exceed \$50.00 in the buildings specified in Section 2005.10 of this Part shall submit a Special Events form to the Department of Physical Services, Special Events Division ~~an application-by-letter-to-the-Director~~ at least 48 hours in advance of the desired start of their sale. The application shall state the name of the organization, the date requested for the sale or activity, the location requested, and any alternative dates and locations.

- 1) Only one activity at a time will be approved by the Director for each location.

- 2) The only locations allowed for such sales are the northwest lobby of the Howlett Centennial Building, the area on the west side of the Stratton Building Cafeteria, and the designated first floor hallway area ~~in-front-of-the-cafeteria~~ at the Department of Driver Services Building at 2701 South Dirksen Parkway.

- 3) Sales may occur during the public business hours.

- 4) The Director will only approve applications to sell submitted by not-for-profit organizations, who must submit a copy of the organization's tax exempt number form, ~~received-from-the-United States-Internal-Revenue-Service-pursuant-to-26-CPR-1-50(a)(2)-03 in-effect-on-July-17-1989-(no-subsequent-amendments-or-editions)~~. No organization without a tax exempt number will be allowed to sell in the areas designated.

- b) No commercial activity, such as selling real estate, automobiles, or insurance, is allowed in the buildings specified in Section 2005.10 of this Part.

- c) No alcohol or alcoholic beverages are allowed to be sold, consumed, delivered, or used in the buildings specified in Section 2005.10 of this Part, except as permitted by Section 6-15 of the Liquor Control

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Act of 1934 [235 ILCS 5/6-15] ~~{Ill-Rev-Stat:-1987-ch:-43-par-1987.}~~

d) All organizations that are permitted to use the Capitol Complex buildings or the buildings specified in Section 205.10 of this Part shall indemnify the State and the Secretary of State from any injury or damage caused by their members' or participants' negligence or willful misconduct. The members who cause the damage or injury are primarily responsible. Such organization shall also restore the used areas to their pre-use appearance and condition, less reasonable wear and tear, and the Director shall be the final decision-maker on the clean-up of the used area. This subsection applies to those organizations listed in subsection (a) of this Section and any other organization receiving permission from the Director to use the specified buildings for meetings or parties.

e) All Special Events forms requesting ~~requests-to~~ use of the buildings specified in Section 205.10 of this Part or the Capitol Complex will be submitted to the Department of Physical Services, Special Events Division ~~in-writing-to-the-Director~~ at least 48 hours in advance of the proposed starting time of the activity.

f) Nothing in this Section shall give the Director authority over the use of the Chambers, meeting rooms, or committee rooms of the General Assembly. The use of each room shall be decided according to legislative rules.

g) Decorations cannot be applied by tape, glue or any type of adhesive material to any part of the building, unless special arrangements have been made and approved by the Special Events Coordinator. No candles, confetti, balloons, lapel stickers or any stickers with adhesive are allowed. No smoke/fog machines are permitted. Any other special effects equipment must have prior approval of the Special Events Division.

h) Permitted uses of the Capitol Complex may be canceled without prior notice by the Director of the Department of Police, if security concerns warrant such an action.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 205.70 Distribution of Leaflets and Solicitation of Funds

a) No organization, including charitable organizations and political parties or candidates, shall distribute leaflets to, or solicit and collect funds from, persons entering or in the buildings specified in Section 205.10 of this Part, except from public sidewalks, walkways within the Capitol Complex, or on the north plaza of the ~~Centennial~~ Howlett Building.

b) No such distribution or solicitation shall be allowed in any automobile parking area under the control of the Director in Springfield, or within business areas in the buildings specified in

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Section 205.10 of this Part.

c) Activities included in subsection (a) of this Section shall not be allowed without the written permission of the Director, which shall not be withheld if the request pertains to political activity or charitable solicitation.

d) All requests to engage in such activity must be submitted in writing at least 48 hours in advance of the activity, unless the criteria for requests within less than 48 hours set forth in Section 205.50(a) of this Part are met.

(Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 205.80 Secretary of State Police Department

a) The Secretary of State's Police Department shall enforce all laws within the Capitol Complex and the buildings specified within Section 205.10 of this Part.

b) The Illinois statutes applicable to the presentation of order and peace within the specified buildings include, but are not limited to:
~~1) disorderly conduct in the General Assembly (Section 12-0.5-AN-ACF to revise the law in relation to the General Assembly (Ill-Rev-Stat:-1987-ch:-63-par:-12));~~

~~12) criminal damage to State state supported property (see 720 ILCS 5/21-4) (Section-21-4-of-the-Criminal-Code-of-1961-(the-Code) (Ill-Rev-Stat:-1987-ch:-38-par:-21-4));~~

~~3) the unauthorized possession of firearms on state property (Section-21-5-of-the-Code);~~

~~24) trespass to State state lands (see 720 ILCS 5/21-5) (Section-21-5 of-the-Code);~~

~~35) the unauthorized possession of explosives (see 720 ILCS 5/20-2) (Section-28-2-of-the-Code);~~

~~46) mob action (see 720 ILCS 5/25-1) (Section-25-of-the-Code);~~

~~57) disorderly conduct (see 720 ILCS 5/26) (Section-26-of-the-Code);~~

~~8) interference with public officials (Section-31-of-the-Code);~~

~~69) interference with judicial procedure (see 720 ILCS 5/12-9) (Section-32-of-the-Code); and~~

~~71) threatening a public official (see 720 ILCS 5/12-9) (Section 12-9-of-the-Code).~~

(Source: Amended at 26 Ill. Reg. _____, effective _____)

Section 205.90 Severability

If a court of competent jurisdiction shall hold any provision of this Part to be invalid, that holding shall not affect the remaining portions of this Part. ~~If any part of these rules shall be held by a court of competent jurisdiction~~

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to--be--invalid,--such--holding--shall--not--affect--the--remaining--portions--of--this
Part:

(Source: Amended at 26 Ill. Reg. _____, effective
_____)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

1) Heading of the Part: Green Illinois Communities Program Grants

2) Code Citation: 35 Ill. Adm. Code 887

3) Section Numbers: Adopted Action:

887.100	Adopt
887.105	Adopt
887.110	Adopt
887.200	Adopt
887.205	Adopt
887.210	Adopt
887.215	Adopt
887.220	Adopt
887.225	Adopt
887.230	Adopt
887.235	Adopt
887.240	Adopt
887.245	Adopt
887.250	Adopt
887.300	Adopt
887.305	Adopt
887.310	Adopt
887.315	Adopt
887.320	Adopt
887.325	Adopt
887.400	Adopt
887.405	Adopt
887.410	Adopt

4) Statutory Authority: 415 ILCS 5/4(k)

5) Effective Date of Rules: December 17, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these rules contain incorporations by reference? No

8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice(s) of Proposal Published in Illinois Register: September 7, 2001, 25 Ill. Reg. 11309

10) Has JCAR issued a Statement of Objection to these rules? No

11) Differences between proposal and final version:

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- a) The following definition for "appropriately scaled watershed" was added to Section 887.105:

"Appropriately scaled watershed" means a watershed no greater than 150,000 acres in size.

- b) In the definition of "Community Visioning Facilitator" in Section 887.105, the term "community environmental visioning process" was changed to "community visioning process".

- c) In Section 887.405(a), "generally accepted accounting principles" was changed to "generally accepted accounting principles and standards, as established by the American Institute of Certified Public Accountants (1211 Avenue of the Americas, New York NY 10036-8775, 212/596-6200) (2001, no later editions or amendments included)".

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter? Yes

- 13) Will these rules replace any emergency rules currently in effect? No

- 14) Are there any amendments pending on this Part? No

- 15) Summary and Purpose of Rules: The rules set forth regulations governing the administration of grants under the Green Illinois Communities Program. The program was established by Governor Ryan in Executive Order and Proclamation 2000-7 (24 Ill. Reg. 7751), as amended by Executive Order Number 9 (2001) (25 Ill. Reg. 9723), to facilitate and support community based environmental protection strategies. Under the rules financial assistance via grants will be awarded to "communities" to conduct a visioning process that produces a vision of a desired environmental state the community hopes to achieve in 20 to 30 years, and strategies for achieving that vision. The visioning process must be designed to bring together broad and diverse interests in the community in order to build collective approaches to improve the environment of the community.

- 16) Information and questions regarding these adopted rules shall be directed to:

Kyle Rominger
Assistant Counsel
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
217/782-5544

For additional information regarding the Green Illinois Communities Grant

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Program or grants administered under the Program, please contact:

Janet Hawes-Davis
Green Illinois Communities Program Coordinator
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
217/524-8358
217/785-8346

The full text of the adopted rules begins on the next page:

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Reg. 7751) as amended by Executive Order Number 9 (2001) (25 Ill. Reg. 9723).
SOURCE: Adopted at 25 Ill. Reg. 16361, effective

SUBPART A: GENERAL PROVISIONS

Section 887.100 Purpose

The purpose of this Part is to set forth regulations for the administration of grants made by the Illinois Environmental Protection Agency under the Green Illinois Communities Program established in Executive Order Number 7 (2000) (24 Ill. Reg. 7751) as amended by Executive Order Number 9 (2001) (25 Ill. Reg. 9723).

Section 887.105 Definitions

Unless specified otherwise, all terms shall have the meanings set forth in the Illinois Environmental Protection Act [415 ILCS 5]. Additionally, for purposes of this Part, the following definitions apply:

"Agency" means the Illinois Environmental Protection Agency.

"Applicant" means a community or its representative that applies for a Green Illinois Communities Program grant.

"Appropriately scaled watershed" means a watershed no greater than 150,000 acres in size.

"Community" means, but is not limited to, one or more local governments, a neighborhood within a large city, an appropriately scaled watershed, or some other specific geographic area with which people identify or share common interests.

"Community environmental visioning process" means an inclusive process by which a community produces an environmental vision and identifies strategies for achieving the environmental vision. The visioning process must bring together varied interests in the community to identify the community's environmental assets, evaluate changing conditions and build collective approaches to improve the environment of the community.

"Community Visioning Facilitator" means an individual who possesses skills and experience in designing an effective community visioning process, recruiting and keeping individuals in the community involved in the process, and facilitating large meetings of diverse stakeholders.

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TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE A: GENERAL PROVISIONS
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 887

GREEN ILLINOIS COMMUNITIES PROGRAM GRANTS

SUBPART A: GENERAL PROVISIONS

Section
887.100 Purpose
887.105 Definitions
887.110 Severability

SUBPART B: GREEN ILLINOIS COMMUNITIES PROGRAM GRANTS

Section
887.200 Scope and Availability of Grants
887.205 Grant Assistance Criteria
887.210 Applications for Grants
887.215 Agency Action on Application
887.220 Grant Award Acceptance
887.225 Grant Agreements
887.230 Amendments to Grant Agreements
887.235 Cost Criteria
887.240 Grant Payment
887.245 Grantee Responsibilities
887.250 Evaluation of Performance

SUBPART C: NONCOMPLIANCE WITH GRANT CONDITIONS

Section
887.300 Agency Action for Noncompliance with Grant Conditions
887.305 Termination by Grantee
887.310 Stop-Work Orders
887.315 Covenant Against Contingent Fees
887.320 Recovery of Grant Funds
887.325 Indemnification

SUBPART D: ACCESS, AUDITING AND RECORDS

Section
887.400 Access
887.405 Audit and Records
887.410 Document Printing Requirements

AUTHORITY: Implementing and authorized by Section 4(k) of the Environmental Protection Act [415 ILCS 5/4(k)] and Executive Order Number 7 (2000) (24 Ill.

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"Environmental vision" means a statement, description or graphic depiction of a desired environmental state a community desires to achieve 20 to 30 years in the future.

"Grant" means a Green Illinois Communities Program grant.

"Grant agreement" means the written grant agreement documents, and any amendments, signed by both the Agency and a grantee, in which the terms and conditions governing the grant are stated and agreed to by both parties.

"Grantee" means a community or its representative that has been awarded a Green Illinois Communities Program grant.

"Green Illinois Communities Program grant" means a grant awarded by the Agency pursuant to Executive Order and Proclamation 2000-7 and Subpart B of this Part.

"Matching funds" means a cash or in-kind contribution to the community environmental visioning process, other than the requested grant.

"Partner" means a party, other than the applicant, that provides matching funds to support the visioning process.

"State" means the State of Illinois.

"Visioning process" means the community environmental visioning process.

Section 887.110 Severability

If any Section, subsection, sentence or clause of this Part is adjudged unconstitutional, void, invalid, or otherwise unlawful, such adjudication shall not affect the validity of this Part as a whole, or any Section, subsection, sentence, or clause not adjudged unconstitutional, void, invalid, or otherwise unlawful.

SUBPART B: GREEN ILLINOIS COMMUNITIES PROGRAM GRANTS**Section 887.200 Scope and Availability of Grants**

- a) Subject to the availability of funding for grant awards and the limitations and requirements set forth in this Part, grant assistance is available to communities to effect a community environmental visioning process.
- b) Grants shall be awarded on a competitive basis.
- c) Grants are limited to a maximum of \$125,000. No community shall receive more than one grant under this Part.

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Section 887.205 Grant Assistance Criteria

- a) Criteria for awarding grants shall include, but is not limited to, the following:
 - 1) The community commits to developing an environmental vision through a visioning process that is led by a community visioning facilitator;
 - 2) The visioning process has support from a broad mix of parties in the community, as demonstrated by letters of commitment or support from the parties;
 - 3) The community identifies the long-term environmental and civic infrastructure benefits it expects to receive from the visioning process. For the purposes of this subsection (a)(3) and Section 887.210(c)(1)(C) of this Part, the term "civic infrastructure" means the relationships, abilities and skills within the community that the community can utilize to address local issues; and
 - 4) The community will use the visioning process to address at least four of the following environmental issues:
 - A) Clean air, including but not limited to the reduction of emissions into the air from businesses, government entities and citizens;
 - B) Quality water, including but not limited to the protection of surface water and groundwater resources, the reduction of pollutant discharges, and the restoration of aquatic habitats;
 - C) Waste reduction, including but not limited to the reduction of solid waste and hazardous waste through source reduction, re-use and recycling alternatives;
 - D) Efficient resource use, including but not limited to the conservation of energy, water and materials, and the use of renewable energy;
 - E) Parks and recreational areas, including but not limited to the development of community parks or recreational areas, bike trails, walking trails, and green ways;
 - F) The protection and restoration of natural areas, including but not limited to the protection, restoration and enhancement of natural habitats, wetlands, woodlands, forests, stream corridors, river corridors and open spaces;
 - G) Environmental education, including but not limited to the development of environmental stewardship and leadership through greater public awareness, volunteering and educational activities;
 - H) Compatible development strategies, including but not limited to strategies that preserve agricultural lands and open spaces through cluster, mixed use and other sustainable development practices; or
 - I) An environmental issue facing the community as a whole,

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other than those listed in subsections (a)(4)(A) through (H).

- b) The Agency may also consider the following when awarding grants:
- 1) The characteristics of the community, including but not limited to its geographic location and any distinguishing features or attributes;
 - 2) Matching funds committed to the visioning process; and
 - 3) The qualifications and accomplishments of the key personnel that will be involved in coordinating or managing the visioning process.
- c) Subject to the applications received, the Agency shall award grants to communities of different sizes and characteristics. Communities selected to receive grant awards may include, but are not limited to, the following:
- 1) An inner-city neighborhood located in a municipality with a population of greater than 100,000;
 - 2) A growing suburban municipality located in a county with a population of greater than 250,000.
 - 3) A community with a total population of greater than 20,000 but less than 125,000;
 - 4) A community with a total population of 20,000 or less;
 - 5) An appropriately-scaled watershed area; and
 - 6) A specific geographic area with which people identify or share common interests other than those identified in subsections (c)(1) through (5).

Section 887.210 Applications for Grants

- a) To be considered for a Green Illinois Communities Program grant, an applicant must file one original and six copies of a complete application with the Agency in accordance with the requirements of this Section.
- b) Grant applicants must submit a grant application in a format prescribed by the Agency. Applications may be obtained from, and must be submitted to:

Green Illinois Communities Program
Illinois Environmental Protection Agency
Office of Pollution Prevention
1021 North Grand Avenue East
Springfield, Illinois 62794-9276
(217) 782-8700

- c) A complete grant application shall include:

- 1) Information about the community:
 - A) Information identifying the community, including but not limited to its geographic boundaries, its total population and any distinguishing features or attributes;

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- B) A description of any environmental issues the community is currently addressing; and
- C) The reasons why the community desires to undertake a community environmental visioning process, and the long-term environmental and civic infrastructure benefits the community expects to receive from the visioning process. (See Section 887.205(a)(3) of this Part for the meaning of "civic infrastructure".)

2) Information about the applicant:

- A) A brief description of the applicant, including but not limited to its history, function and legal status. In order to receive a grant, applicants must have a taxpayer identification number;
- B) Any sources of funding committed to the visioning process other than the requested grant;

AGENCY NOTE: Matching funds are not required, but a match of five to ten percent of the requested grant amount is encouraged to help support and strengthen the community's "ownership" of the visioning process.

- C) If the community consists of more than one municipality, more than one county, a neighborhood, a watershed or another defined geographic area, letters of support from the units of local government that have jurisdiction over the area that will be addressed in the visioning process;
- D) If the application is for a neighborhood, letters of support from the mayor's office and/or the planning department that has jurisdiction over the area that will be addressed in the visioning process; and
- E) A letter no more than one page in length from each party involved in the visioning process, other than the applicant, that explains the party's anticipated role in the visioning process.

- 3) Information about the persons who will carry out the visioning process for the community:

- A) The names of any partners and a description of their role in the visioning process;
- B) The names of key personnel that will be involved in the visioning process, a description of their job titles and work assignments with respect to the visioning process, and a description of their work experience and qualifications; and
- C) The name, address, telephone number, fax number and e-mail address of a person who will serve as the community's liaison with the Agency;

- 4) The grant amount requested and a budget, in a format prescribed by the Agency, outlining the expenses that will be incurred in completing the visioning process. All amounts must be rounded to the nearest dollar and all percentages must be carried to one

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decimal place. The budget must include, but is not limited to, the following:

- A) All matching funds committed to the visioning process at the time the application is submitted;
- B) Personnel costs for completion of the visioning process, including but not limited to line item estimates of each person's salary, social security benefits, employer paid retirement benefits, employer paid health benefits and travel costs;
- C) Line item estimates of supplies, software tools and printing costs necessary for the visioning process; and
- D) All other direct costs.

AGENCY NOTE: Grant funds must be expended or legally obligated within two years after the effective date of the grant agreement. Any grant funds not expended or legally obligated within two years must be returned to the Agency. See Section 887.240(b) of this Part.

Section 887.215 Agency Action on Application

- a) Grant awards are subject to the availability of funding for Green Illinois Communities Program grants.
- b) The Agency shall publish deadlines for the submission of grant applications in the Illinois Register. The notice for a deadline shall appear in the Illinois Register not less than 45 days prior to the deadline.
- c) The Agency shall review applications after the published deadline. The Agency shall reject applications that are incomplete or were not received on or before the published deadline.
- d) The Agency shall, in writing and no more than 90 days after the published deadline, notify each applicant with a pending complete application of the following:
 - 1) If funding for a grant award is available, the applicant's selection or rejection for a grant award; or
 - 2) If funding for a grant award is not available, the unavailability of grant assistance.
- e) Communities cannot obtain grant assistance by default due to the Agency's failure to act within the time frame set forth in subsection (d) of this Section.

Section 887.220 Grant Award Acceptance

No more than 30 days after a grantee receives notification of a grant award, the grantee shall notify the Agency in writing of its acceptance or non-acceptance of the grant award. If the grantee fails to notify the Agency within 30 days, the grant award shall be null and void.

Section 887.225 Grant Agreements

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- a) Upon receipt of the grantee's written acceptance of a grant award, the Agency shall send the grantee formal grant agreement documents, including but not limited to the following:
 - 1) A grant agreement to be signed by the Agency and the grantee; and
 - 2) A form on which the grantee is to state its legal status and federal taxpayer identification number.
- b) The Agency shall not sign a grant agreement until the agreement has been signed by the grantee. The grant shall take effect on the date it is signed by the Agency.
- c) Once signed by both the Agency and the grantee, the grant agreement, comprised of the written grant agreement documents and any amendments to those documents, shall govern the grant in addition to this Part.
- d) The Agency shall keep the originals of all grant agreement documents and provide copies to the grantee.

Section 887.230 Amendments to Grant Agreements

- a) The grant agreement may be amended only by a written amendment signed and dated by the Agency and the grantee. The Agency shall not sign an amendment until the amendment has been signed by the grantee. An amendment shall take effect on the date it is signed by the Agency.
- b) The grantee may request an amendment to the grant agreement by submitting an amended grant application to the Agency prior to the completion of the visioning process. Requested amendments may include, but are not limited to, the following:
 - 1) Altering the scope of the visioning process (e.g., by changing methodologies or personnel to be used);
 - 2) Extending the completion date for the visioning process; or
 - 3) Changing the community visioning facilitator.
 The Agency shall, in writing and within 90 days after its receipt of an amended grant application, notify the grantee of its approval or rejection of the requested amendment.
- c) The Agency shall not approve an amendment to the grant agreement that will result in a violation of this Part or an increase in the grant award.

Section 887.235 Cost Criteria

- a) Grant award funds may be used for costs meeting the following criteria:
 - 1) Costs within the scope of the visioning process;
 - 2) Costs that are reasonable and necessary for completion of the visioning process, including but not limited to costs for personnel, travel, supplies, software tools, printing, and public involvement and outreach activities;
 - 3) Costs totaling up to, but not exceeding, the total amount of the grant award; and
 - 4) Costs incurred on or after the effective date of the grant award.

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agreement.

- b) Costs for which grant funds may not be used because they are not necessary for completion of the visioning process include, but are not limited to, the following:

- 1) Costs associated with a site investigation, corrective action, restoration, or any other remedial activity required pursuant to federal, State or local law or regulation;
- 2) General operating costs such as telephone, other utilities and other costs not directly incurred as visioning process costs;
- 3) Purchase or rental of vehicles or office space, structures or other real estate;
- 4) Costs incurred prior to the effective date of the grant agreement, including costs associated with seeking and applying for the grant;
- 5) Costs of implementing an environmental vision developed through the visioning process; or
- 6) Interest or finance costs charged as direct costs.

Section 887.240 Grant Payment

- a) The Agency shall disburse the grant award to the grantee in lump sums according to the following schedule:

- 1) Fifty percent of the total grant award shall be disbursed upon execution of the grant agreement by the grantee and the Agency.
- 2) When the visioning process is at least fifty percent complete, the Agency and the grantee shall meet to discuss the status of the visioning process. Forty percent of the total grant award shall be disbursed upon confirmation by the Agency that the visioning process is at least fifty percent complete and execution by the grantee and the Agency of any grant agreement amendments necessary for the completion of the visioning process.
- 3) Ten percent of the total grant award shall be disbursed upon the Agency's receipt and approval of the final report required under Section 887.245(f) of this Part.

- b) Grant funds must be expended or legally obligated within two years after the effective date of the grant agreement. Any grant funds not expended or legally obligated within two years must be returned to the Agency within 45 days after the end of the two year period.

- c) If there are sufficient funds to pay the portion of the grant award due, the Agency shall disburse the amount due by sending a voucher for payment to the Comptroller's office.

- d) If there are not sufficient funds to pay the portion of the grant award due, the Agency shall so notify the grantee within 90 days after the applicable time for disbursement set forth in subsection (a) of this Section. When sufficient funds become available, the Agency shall make disbursements in the order they are due.

Section 887.245 Grantee Responsibilities

- a) Prior to contracting with a Community Visioning Facilitator, the grantee must submit to the Agency documentation demonstrating that the facilitator has the minimum qualifications for a Community Visioning Facilitator as set forth in Section 887.105 of this Part.
- b) Within 45 days after contracting with a Community Visioning Facilitator, the grantee must submit to the Agency a timeline for the visioning process. The timeline must show each task that will be performed in completing the visioning process and the key personnel associated with each task.
- c) The grantee must develop an environmental vision and strategies for achieving the environmental vision through a community environmental visioning process that is led by a Community Visioning Facilitator.
- d) As part of the visioning process the grantee must form a stakeholder group that, to the greatest extent practicable, includes representatives from all segments of the community, represents the community's diversity in terms of age, race, gender, location of residence and location of employment, and includes persons, groups and organizations that traditionally have not participated in community planning.

- 1) Community sectors that should be considered when forming the stakeholder group include, but are not limited to: agriculture, banking, chambers of commerce, commercial clubs, churches, civic organizations, community improvement or betterment groups, elderly citizens, health care, industry, libraries, local development organizations, local government, real estate, residents, retail business, schools, utilities and youth.

- 2) The stakeholder group shall form the core planning group for the visioning process and, with input from the community, perform a community self-evaluation, create the community's environmental vision and develop strategies for achieving the environmental vision.

- e) The grantee must, to the greatest extent practicable, keep persons from all segments of the community involved in the visioning process and solicit input from all persons in the community. Methods of soliciting input may include, but are not limited to, surveys, focus groups, community forums and flyers.

- f) The grantee must, to the greatest extent practicable, keep all segments of the community informed of the progress and status of the visioning process. Methods of providing information about the visioning process include, but are not limited to, a speaker's bureau, articles in a local paper, leaflets, mailings, newsletters, public service announcements, information booths, press releases and web sites.

- g) The grantee must submit quarterly progress reports to the Agency during the term of the grant. Each report shall contain a short narrative of the activities performed during the quarter, the dates each activity was performed and an accounting of all grant funds expended during the quarter.

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- 1) The reports shall cover the following time periods: January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31.
- 2) Reports are due within 30 days after the end of the reported quarter.
- h) At the completion of the visioning process the grantee must submit a detailed final report to the Agency that can be made available to other communities for guidance. The final report must include, but is not limited to, the following:
 - 1) A description of the methods used to encourage residents of the community to participate in the visioning process and a discussion of their participation;
 - 2) A characterization of the community's environmental strengths and challenges, along with forces and trends that may impact the community's environment in the future;
 - 3) The environmental vision developed by the community;
 - 4) The strategies developed by the community to achieve its environmental vision;
 - 5) Identification of benchmarks that can be used to measure the community's progress toward achieving its environmental vision;
 - 6) A discussion of the successful and unsuccessful aspects of the visioning process; and
 - 7) A summary of the costs incurred in completing the visioning process.
- i) If the grantee fails to timely submit a quarterly progress report or a final report, the Agency may impose any of the sanctions set forth in Subpart C of this Part.

Section 887.250 Evaluation of Performance

The Agency shall oversee each grantee's performance in the following manner:

- a) The Agency shall evaluate the grantee's performance and progress toward completing the approved visioning process.
- b) If the Agency's evaluation reveals the grantee is not in compliance with this Part, or one or more of the terms, conditions or limitations of the grant agreement, the Agency shall attempt to resolve the situation through negotiation with the grantee. The Agency and the grantee shall memorialize any settlement in writing as an amendment to the grant agreement in accordance with Section 887.230 of this Part. If a resolution is not achieved, the Agency may impose any of the sanctions set forth in Subpart C of this Part.

SUBPART C: NONCOMPLIANCE WITH GRANT CONDITIONS**Section 887.300 Agency Action for Noncompliance with Grant Conditions**

- a) In addition to such other remedies as may be provided by law, in the event of noncompliance with any condition imposed pursuant to a grant

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- or other violation of a grant agreement or this Part, the Agency may:
- 1) Revoke the grant and recover all grant funds disbursed;
 - 2) Terminate the grant;
 - 3) Suspend all visioning process work; or
 - 4) Take such other action as the Agency is authorized to take.
- b) No action shall be taken under this Section without prior oral or written consultation with the grantee.
- c) In determining whether to take action and which action to take under this Section, the Agency shall consider, but not be limited to, the following factors:
- 1) The severity of the violation;
 - 2) The number of violations;
 - 3) Whether a violation is a continuing one;
 - 4) Whether the grantee can remedy a violation; and
 - 5) Whether the grantee remains capable of complying with the grant agreement and this Part in completing the visioning process.
- d) Recovery actions under this Section shall be taken pursuant to the Illinois Grant Funds Recovery Act [30 ILCS 705].

Section 887.305 Termination by Grantee

- a) The grantee may request the termination of an incomplete visioning process for which a grant has been awarded only for good cause. Good cause shall include, but is not limited to, a change in Green Illinois Communities Program requirements or priorities, or a lack of adequate funding to pay grant awards.
- b) The Agency shall review the grantee's request to terminate a visioning process and, no more than 90 days after the date of receipt of the request to terminate, make a finding as to good cause.
- c) If the Agency finds the grantee's request to terminate the visioning process is for good cause, it shall terminate the grant. The termination shall be effective upon the date the Agency received the grantee's written request to terminate the visioning process. Within 45 days after its receipt of the Agency's written notification of termination, the grantee must return to the Agency all grant funds not expended or legally obligated as of the effective date of the termination and provide an accounting of all grant funds expended or legally obligated.
- d) If the Agency finds the grantee's request to terminate the visioning process is without good cause, the Agency shall revoke the grant. Within 45 days after its receipt of the Agency's written notification of revocation, the grantee must return to the Agency all grant funds disbursed to the grantee.

Section 887.310 Stop-Work Orders

- a) The Agency may, for any violation of this Part, issue a written stop-work order requiring the grantee to stop any or all of the

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visioning process work. The stop order shall be effective for a period of not more than 30 days from the date of the order, or for any further period to which the grantee and the Agency may agree in writing. The Agency shall include in any stop-work order a list of the visioning process activities to which the order applies.

b) Upon its receipt of a stop-work order, the grantee must comply with the order's terms and cease incurring costs allocable to the work covered by the order during the period work is stopped.

c) No more than 30 days after the date of the stop-work order, or within any extension of that period to which the grantee and the Agency agree in writing, the Agency shall:

1) Upon resolution of the violation leading to the stop-work order, cancel the stop-work order; or

2) Terminate the portion of the grant covered by the stop-work order. The termination shall be effective as of the date of the stop-work order. Within 45 days after its receipt of the Agency's written notification of termination, the grantee must, with respect to the terminated portion of the grant, return to the Agency all grant funds not expended or legally obligated as of the date of the stop-work order and provide an accounting of all grant funds expended or legally obligated.

d) If a stop-work order is canceled, or the effective period of the order or any written extension of the order expires, the grantee shall resume the stopped work.

e) The grantee may not use grant funds for costs associated with a stop-work order unless the Agency authorizes such use in writing.

Section 887.315 Covenant Against Contingent Fees

a) The grantee must warrant, as part of the grant agreement, that no person has been employed or retained to solicit or secure a grant under this Part upon an agreement or understanding for a commission, percentage, brokerage, contingent fee or similar compensation.

b) For a breach or violation of this warranty, the Agency shall have the right to revoke the grant without liability or, in its discretion, deduct from the grant award or otherwise recover the full amount of such commission, percentage, brokerage, contingent fee or similar compensation.

Section 887.320 Recovery of Grant Funds

If the Agency determines that any grant funds are being misspent or improperly held by the grantee, the Agency or the Attorney General shall have the authority to recover those funds and take any action authorized by the Illinois Grant Funds Recovery Act [30 ILCS 705].

Section 887.325 Indemnification

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The grantee, rather than the Agency, shall assume the entire risk, responsibility and liability for any and all loss or damage to property owned by the grantee, the Agency, or third persons, and any injury to or death of any persons (including employees of the grantee) caused by or arising out of, or occurring in connection with, the execution of any work arising out of this grant, and the grantee shall indemnify, save harmless and defend the State and the Agency from all claims for any such loss, damage, injury or death. The grantee shall require any party engaged by the grantee to agree in writing to look solely to the grantee for performance of any contract with the grantee and for satisfaction of any and all claims arising thereunder.

SUBPART D: ACCESS, AUDITING AND RECORDS**Section 887.400 Access**

a) The Agency or any authorized representative shall have access to the premises where any portion of a visioning process for which a grant was awarded is being performed, both during normal business hours and at any other time visioning process-related work is being performed.

b) Subsequent to the end of the grant term, the Agency or any authorized representative shall have access to the visioning process records, as defined in Section 887.405(a) of this Part, to the full extent of the grantee's right to access, during normal business hours.

c) If the Agency or any authorized representative is denied access in violation of this Section, the Agency shall provide notice in writing to the grantee that failure to provide access within 10 days will be cause for Agency action pursuant to Subpart C of this Part.

Section 887.405 Audit and Records

a) The grantee shall maintain books, records, documents, reports and other evidentiary material, using accepted accounting procedures and practices that conform to generally accepted accounting principles and standards, as established by the American Institute of Certified Public Accountants (1211 Avenue of the Americas, New York NY 10036-8775, 212/596-6200) (2001, no later editions or amendments included), to account properly for:

1) The receipt and disposition by the grantee of all financial assistance received for the visioning process from the State and from any other source; and

2) All costs of whatever nature incurred in performance of the visioning process.

b) The grantee's facilities, or such facilities as may be engaged in the performance of the visioning process, and the grantee's records shall be subject to inspection and audit by the Agency or any authorized representative at the times specified in Section 887.400 of this Part.

c) The grantee shall preserve records and make records available to the Agency or any authorized representative:

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- 1) Until expiration of 3 years from the date of final payment under the grant;
- 2) For such longer period, if any, required by applicable statute or regulation;
- 3) For records relating to grant work that has been terminated, for a period of 3 years from the date of any resulting final termination settlement or for any longer period required by applicable statute or regulation; or
- 4) For records relating to disputes and/or appeals, litigation or the settlement of claims arising out of the performance of the visioning process, or costs and expenses of the visioning process to which exception has been taken by the Agency or any of its duly authorized representatives, until disposition of such appeals, litigation, claims, or exceptions.

Section 887.410 Document Printing Requirements

All documents submitted to the Agency, including but not limited to grant applications, quarterly progress reports and final reports, must be typed, double-spaced and printed double-sided on recycled content paper.

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- 1) Heading of the Part: Enhanced Vehicle and Maintenance (I/M) Regulations
- 2) Code Citation: 35 Ill. Adm. Code 240
- 3) Section Numbers: Adopted Action:
240.191 Amended
240.192 Amended
240.193 Amended
- 4) Statutory Authority: 415 ILCS 5/27, 625 ILCS 5/13B-20
- 5) Effective Date of Amendments: December 18, 2001
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 25 Ill. Reg. 11328, September 7, 2001
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version: The final version does not include the Agency's proposed language delaying mandatory "pass/fail" OBD testing to January 1, 2003, if the Agency chooses to apply to USEPA for this delay, and USEPA grants it. The Agency agreed to this difference at hearing.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements letter issued by JCAR? JCAR did not issue an agreements letter as this rule is exempt from the Administrative Procedure Act. See 625 ILCS 5/13B-30(d)(1998).
- 13) Will these amendments replace any emergency amendments currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: On August 20, 2001, the Agency filed with the Board proposed amendments to the enhanced vehicle inspection and maintenance regulations at 35 Ill. Adm. Code 240. The Agency's proposal was filed under Section 13B-20(a) of the Vehicle Emissions Law of 1995. The Vehicle Emissions law provides that Section 27(b) of the Act and the rulemaking provisions of the Administrative Procedure Act "shall not apply

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to rules adopted by the Board under this subsection." Additionally, Section 13B-20(a) requires the Board to adopt rules within 120 days after it receives the Agency's proposal, that is, on or before December 18, 2001.

On August 23, 2001, the Board accepted the proposal for hearing and directed the proposal be filed for publication in the *Illinois Register* as a proposal for public comment. The proposal for public comment appeared in the *Illinois Register* on September 7, 2001, 25 Ill. Reg. 11328.

The Board held public hearings on October 12 and October 19. At both hearings the Agency offered testimony in support of its proposal. The Board received no other testimony or public comments.

The Agency describes its proposed changes as follows:

1. Revising the text of Section 240.191 to refer to the OBD procedural rules contained in 35 Ill. Adm. Code 276;
2. Delaying mandatory "pass/fail" OBD testing to January 1, 2003, if the Agency chooses to apply to USEPA for this delay, and USEPA grants it; 3. Modifying the list of diagnostic trouble codes (DTC) that, if identified during an OBD test, will result in a vehicle's failure;
4. Adding a malfunction indicator light (MIL) visual check, also known as a bulb check, to the OBD test; and
5. Revising the text of Section 240.193 to clarify that the inspection of any vehicle fault codes actually consists of the electronic retrieval of those stored fault codes.

The Agency described these proposed changes as "relatively minor adjustments to the Enhanced I/M program." Agency Statement of Reasons at 5. The Agency stated that it is proposing the amendments "to enable Illinois to meet federal and state mandated enhanced emissions testing requirements." Id. at 3. The Agency also stated that its proposal was "designed to promote the acceptance of and adherence to the enhanced I/M program, by incorporating necessary 'flexibility' provisions for OBD testing as authorized by recent USEPA rulemaking and guidance." Id. at 5.

- 16) Information and questions regarding this adopted rule shall be directed to:

John Knittle
1717 South Philo Road
Suite 25

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Urbana IL 61802
(217)278-3109

Copies of the Board's opinions and orders may be requested from the Clerk of the Board at the address above. Please refer to the Docket number R02-8 in your request.

The full text of the adopted amendments begins on the next page:

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TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE B: AIR POLLUTION
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER k: EMISSION STANDARDS AND LIMITATIONS
FOR MOBILE SOURCES

PART 240
MOBILE SOURCES

SUBPART A: DEFINITIONS AND GENERAL PROVISIONS

Section
240.101
240.102
240.103
240.104
240.105
240.106
240.107

Preamble
Definitions
Prohibitions
Inspection
Penalties
Determination of Violation
Incorporations by Reference

SUBPART B: EMISSIONS

Section
240.121
240.122
240.123
240.124
240.125

Smoke Emissions
Diesel Engine Emissions Standards for Locomotives
Liquid Petroleum Gas Fuel Systems
Vehicle Exhaust Emission Standards (Repealed)
Compliance Determination (Repealed)

SUBPART C: SMOKE OPACITY STANDARDS AND TEST PROCEDURES
FOR DIESEL-POWERED HEAVY DUTY VEHICLES

Section
240.140
240.141

Applicability
Smoke Opacity Standards and Test Procedures for Diesel-Powered Heavy Duty Vehicles

SUBPART D: STEADY-STATE IDLE MODE TEST EMISSION STANDARDS

Section
240.151
240.152
240.153

Applicability
Steady-State Idle Mode Vehicle Exhaust Emission Standards
Compliance Determination

SUBPART E: TRANSIENT LOADED MODE TEST EMISSION STANDARDS

Section
240.161

Applicability

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240.162 Vehicle Exhaust Emission Start-Up Standards
240.163 Vehicle Exhaust Emission Final Standards
240.164 Vehicle Exhaust Emission Fast-Pass Standards
240.165 Compliance Determination

SUBPART F: EVAPORATIVE TEST STANDARDS

Section
240.171
240.172
240.173

Applicability
Evaporative System Integrity Test Standards
Evaporative System Purge Test Standards (Repealed)

SUBPART G: ON-ROAD REMOTE SENSING TEST EMISSION STANDARDS

Section
240.181
240.182
240.183

Applicability
On-Road Remote Sensing Emission Standards
Compliance Determination

SUBPART H: ON-BOARD DIAGNOSTIC TEST STANDARDS

Section
240.191
240.192
240.193

Applicability
On-Board Diagnostic Test Standards
Compliance Determination

APPENDIX A Rule into Section Table
APPENDIX B Section into Rule Table

TABLE A Vehicle Exhaust Emission Start-Up Standards
TABLE B Vehicle Exhaust Emission Final Standards
TABLE C Vehicle Exhaust Emission Fast-Pass Standards

AUTHORITY: Implementing Sections 9, 10 and 13 and authorized by Sections 27 and 28.5 of the Environmental Protection Act [415 ILCS 5/9, 10, 13, 27, and 28.5] and Section 13B-20 of the Vehicle Emissions Inspection Law of 1995 [625 ILCS 5/13B-20]; implementing Section 13-109.2 of the Illinois Vehicle Code [625 ILCS 5/13-109.2].

SOURCE: Adopted as Chapter 2: Air Pollution, Part VII: Mobile Sources, filed and effective April 14, 1972; codified at 7 Ill. Reg. 13628; amended in R85-25, at 10 Ill. Reg. 11277, effective June 16, 1986; amended in R90-20 at 16 Ill. Reg. 6184, effective April 7, 1992; amended in R94-20 at 18 Ill. Reg. 18013, effective December 12, 1994; amended in R94-19 at 18 Ill. Reg. 18228, effective December 20, 1994; amended in R98-24 at 22 Ill. Reg. 13723, effective July 13, 1998; expedited correction at 22 Ill. Reg. 21120, effective July 13, 1998; amended in R01-12 at 24 Ill. Reg. 19188, effective December 18, 2000; amended in R01-8 at 25 Ill. Reg. 3680, effective February 23, 2001; amended in R02-8 at 25 Ill. Reg. 16,379; effective December 18, 2001.

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BOARD NOTE: This part implements the Environmental Protection Act as of July 1, 1994.

SUBPART H: ON-BOARD DIAGNOSTIC TEST STANDARDS

Section 240.191 Applicability

The standards of this Subpart apply to all 1996 and newer model year light duty vehicles, light duty trucks 1, and light duty trucks 2 that are required to meet the standards contained in 40 CFR 86.094-17 and which are inspected utilizing the on-board diagnostic test procedures contained in 35 Ill. Adm. Code 276.209. Vehicles that receive a result of fail do not thereby fail their emissions test until January 1, 2002.

16379

(Source: Amended at 25 Ill. Reg. _____, effective December 18, 2001)

Section 240.192 On-Board Diagnostic Test Standards

Vehicles subject to on-board diagnostic testing shall fail the on-board diagnostic test if one of the following occurs:

- a) the vehicle connector is missing, has been tampered with, or is otherwise inoperable; or
- b) the malfunction indicator light is commanded to be illuminated and it is not visually illuminated according to visual inspection; or
- c) the malfunction indicator light is commanded to be illuminated for and any of the following on-board diagnostic trouble codes are present (where X refers to any digit): or

- 1) Any-PX1XX-Fuel-and-Air-Metering-codes
- 2) Any-PX2XX-Fuel-and-Air-Metering-codes
- 3) Any-PX3XX-Ignition-System-or-Misfire-codes
- 4) Any-PX4XX-Auxiliary-Emission-Controls-codes
- 5) P0500-Vehicle-Speed-Sensor-Malfunction
- 6) P0501-Vehicle-Speed-Sensor-Range/Malfunction
- 7) P0502-Vehicle-Speed-Sensor-Circuit-Low-Input
- 8) P0503-Vehicle-Speed-Sensor-Intermittent/Erratic/High
- 9) P0505-Idle-Control-System-Malfunction
- 10) P0506-Idle-Control-System-RPM-Lower-Than-Expected
- 11) P0507-Idle-Control-System-RPM-Higher-Than-Expected
- 12) P0510-Closed-Throttle-Position-Switch-Malfunction
- 13) P0550-Power-Steering-Pressure-Sensor-Circuit-Malfunction
- 14) P0551-Power-Steering-Pressure-Sensor-Circuit-Malfunction
- 15) P0552-Power-Steering-Pressure-Sensor-Circuit-Low-Input
- 16) P0553-Power-Steering-Pressure-Sensor-Circuit-Intermittent
- 17) P0554-Power-Steering-Pressure-Sensor-Circuit-Intermittent
- 18) P0560-System-Voltage-Malfunction
- 19) P0561-System-Voltage-Unstable
- 20) P0562-System-Voltage-Low

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- 21) P0563-System-Voltage-High
 - 22) Any-PX6XX-Computer-and-Output-Circuits-codes
 - 23) P0703-Brake-Switch-Input
 - 24) P0705-Transmission-Range-Sensor-Circuit-Malfunction-(PRNDB-Input)
 - 25) P0706-Transmission-Range-Sensor-Circuit-Range/Performance
 - 26) P0707-Transmission-Range-Sensor-Circuit-Low-Input
 - 27) P0708-Transmission-Range-Sensor-Circuit-High-Input
 - 28) P0709-Transmission-Range-Sensor-Circuit-Intermittent
 - 29) P0719-Torque-Converter/Brake-Switch-"B"-Circuit-Low
 - 30) P0720-Output-Speed-Sensor-Circuit-Malfunction
 - 31) P0721-Output-Speed-Sensor-Circuit-Range/Performance
 - 32) P0722-Output-Speed-Sensor-Circuit-No-Signal
 - 33) P0723-Output-Speed-Sensor-Circuit-Intermittent
 - 34) P0724-Torque-Converter/Brake-Switch-"B"-Circuit-High
 - 35) P0725-Engine-Speed-Input-Circuit-Malfunction
 - 36) P0726-Engine-Speed-Input-Circuit-Range/Performance
 - 37) P0727-Engine-Speed-Input-Circuit-No-Signal
 - 38) P0728-Engine-Speed-Input-Circuit-Intermittent
 - 39) P0740-Torque-Converter-Clutch-System-Malfunction
 - 40) P0741-Torque-Converter-System-Performance-or-Stuck-Off
 - 41) P0742-Torque-Converter-System-Stuck-On
 - 42) P0743-Torque-Converter-System-Electrical
 - 43) P0744-Torque-Converter-System-Intermittent
- d) the malfunction indicator light (MIL) does not illuminate at all when the vehicle is in the key-on/engine-off condition.

16378

(Source: Amended at 25 Ill. Reg. _____, effective December 18, 2001)

Section 240.193 Compliance Determination

Compliance shall be determined based upon the inspection of the on-board diagnostic vehicle connector, malfunction indicator light, and electronic retrieval of data stored in the vehicle's on-board diagnostic system fault codes using the on-board diagnostic test procedures ~~that will be~~ adopted by the Agency in 35 Ill. Adm. Code 276.

(Source: Amended at 25 Ill. Reg. _____, effective December 18, 2001)

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1) Heading of the Part: Emergency Medical Services and Trauma Center Code

2) Code Citation: 77 Ill. Adm. Code 515

3) Section Numbers: Adopted Action:

515.300	Amendment
515.320	Amendment
515.330	Amendment
515.350	Amendment
515.510	Amendment
515.530	Amendment
515.540	Amendment
515.730	Amendment
515.740	Amendment
515.750	Amendment
515.830	Amendment
515.2030	Amendment
515.2035	Amendment
515.2040	Amendment
515.2045	Amendment
515.2050	Amendment
515.2200	New Section
APPENDIX A	Amendment
APPENDIX G	Amendment
APPENDIX H	Amendment
APPENDIX I	New Section
APPENDIX J	New Section

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective date of Amendments: December 20, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal was Published in Illinois Register: March 30, 2001 - 25 Ill. Reg. 4394

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Difference between proposal and final version: The following changes were made in response to comments received during the first notice or public

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comment period:

1. In the Table of Contents, "Levell" was changed to "Level".

2. In Section 515.320(h), "registered professional nurse" was changed to "Registered Professional Nurse".

3. In Section 515.330(o), "model" was added before "policy".

4. In Section 515.350(a), "In addition . . . rendered" was deleted.

5. A new Section 515.350(b) was added: "b) All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System within 24 hours. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request."; existing "b)" was stricken and "c" was added; existing "c)" was stricken and "d)" was added.

6. In Section 515.530(g), "Professional" was added after "Registered".

7. In Section 515.530(c), "its" was added after "or".

8. In Section 515.530(e), "three" was changed to "two".

9. In Section 515.530(g)(1), delete "or".

10. In Section 515.530(g)(2) and (3) strikeouts were removed; "(for State examination only)" was added; "2" was deleted.

11. In Sections 515.540(e), 515.730(e), 515.740(e) and 515.750(k), "Notification may be in person, or by mail, phone, fax, or electronic mail." was added.

12. In Sections 515.730(a)(1) and (c)(1) and 515.740(a)(1) and (c)(1), "registered nurse" was stricken and "Registered Professional Nurse" was added.

13. In Sections 515.730(a)(1) and 515.740(c)(1), "Illinois" was stricken.

14. In Sections 515.730(c)(1) and 515.740(c)(1), "and Advanced Practice Nursing" was added before "Act".

15. In Sections 515.730(c)(1) and 515.740(c)(1), "of 1987" was stricken.

16. In Sections 515.750(a)(4)(A), and (C) and (b)(2), "registered professional nurse" was stricken and "Registered Professional Nurse" was added.

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17. In Section 515.750(b)(1), "registered nurse" was stricken and "Registered Professional Nurse" was added.
18. In Section 515.750(j), "\$25.00" was stricken and "\$50.00" was added.
19. In Section 515.830(a), "After April 15, 1997" was stricken.
20. In Section 515.2030(c)(2), strikeouts were removed from "verification".
21. In Section 515.2030(c)(2), "A physician . . . patient" was deleted.
22. In Section 515.2030(c)(4), "for patients . . . begins" was deleted.
23. In Section 515.2030(c)(4), remove strikeouts from "30-minutes-after the decision-to-operate-is-made".
24. After Section 515.2030, a new subsection (c)(6) was added: "6) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level I Trauma Center to treat the trauma patient."
25. In Section 515.2030(c), "6)" was stricken and "7)" was added.
26. In Section 515.2030(c), "7)" was stricken and "8)" was added.
27. In Section 515.2030(e)(1)(A)(ii), "or AOA" was added after "(AMA)".
28. Section 515.750(g)(2) was stricken; "1)" was deleted.
29. In Section 515.750(g), "2" was changed to "1"; "3" was changed to "2"; "4" was changed to "3"; and "5" was changed to "4".
30. In Section 515.2030(e)(4)(B), "re-istered professional nurse" was deleted.
31. In Section 515.2030(e)(4)(B), strikeouts were removed from "Registered Professional-Nurse", "two-years" and "and".
32. In Section 515.2030(e)(4)(B), "who is a TNS" and "one year" were deleted.
33. In Section 515.2030(e)(4)(B), "with" was deleted.
34. In Section 515.2030(e)(4)(B), "continuing" was stricken; "continuing" was added after "care".

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35. In Section 515.2030(e)(4)(C)(x), the first comma was stricken; parentheses were added; "specifically" was stricken; "Sections" was added.
36. In Section 515.2030(e)(5)(D), "77 Ill. Adm. Code 250, specifically" was stricken; "Section" was added.
37. In Section 515.2030(f)(2), "Professional" was added after "Registered".
38. In Section 515.2030(f)(2), "registered nurses" was changed to "Registered Nurses"; "Professional" was added.
39. In Section 515.2030(f)(2), "The registered . . . certification" was deleted.
40. In Section 515.2030(f)(2), "concurrent" was added after "multiple".
41. In Section 515.2030(f)(2), "taking care of" was changed to "caring for"; "admission" was changed to "admissions".
42. In Section 515.2030(f)(2), "CME" was changed to "continuing education".
43. In Section 515.2030(f)(3), "Full" was stricken and "A full" was added.
44. In Section 515.2030, a new subsection (g) was added:
"g) The Trauma Center shall develop a professional staff competency plan, including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level I Trauma Center must demonstrate the following:
1) Board certification/Board eligibility in their specialty;
2) Successful completion of trauma-related CME requirements as specified in this Section;
3) Ongoing clinical involvement in the care of the trauma patient as evidenced by the routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
4) Physician-specific outcome measurements for high volume/high acuity procedures;
5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course."
45. In Section 515.2030, "g" was stricken and "h" was added; "h" was stricken and "i" was added; "i" was stricken and "j" was added; "j" was stricken and "k" was added.

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46. In Section 515.2030(k), a new subsection (6) was added: "6) A professional staff competency plan in accordance with subsection (g) of this Section."
47. In Section 515.2030, "k" was stricken and "l" was added; "l" was stricken and "m" was added; "m" was stricken and "n" was added; "n" was stricken and "o" was added; "o" was stricken and "p" was added; "p" was stricken and "q" was added; "q" was stricken and "r" was added; "r" was stricken and "s" was added.
48. In Section 515.2035(c), a new subsection (5) was added: "5) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level I pediatric trauma center to treat the trauma patient."; "5" was stricken and "6" was added; "6" was stricken and "7" was added.
49. In Section 515.2035(e)(5)(B), "registered professional nurse was deleted; strikeouts were removed from "Registered-Professional-Nurse"; "who is a TNS" was deleted; "pediatric" was stricken; "experience documented by" was stricken; "one year" was deleted; strikeouts were removed from "two--years"; "in" was stricken and "of" was added; "Or critical care experience" was added after "care"; "with" was deleted; strikeouts were removed from "and"; "trauma-related" was added after "of"; "critical care continuing" was added after "pediatric".
50. In Section 515.2035(e)(5)(C)(viii), "oximetry" was stricken and "oximeter" was added.
51. In Section 515.2035(e)(5)(C)(x), "Sections" was added; "77 . . . specifically" was deleted.
52. In Section 515.2035(e)(6)(D), "Section" was added; "77 . . . specifically" was deleted.
53. Section 515.2035(e)(9) was stricken; "10" was stricken and "9" was added; "11" was stricken and "10" was added; "12" was stricken and "11" was added.
54. In Section 515.2035(f)(2), "registered nurse" was stricken and "Registered Professional Nurse" was added.
55. In Section 515.2035(f)(2), the following was added after "Part.": "The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for those additional trauma patients must have a minimum of four hours of trauma-related continuing education."

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56. In Section 515.2035(f)(2), "The TNS . . . patient." was deleted.
57. In Section 515.2035(f)(3), "full" was changed to "A full".
58. In Section 515.2035, a new subsection (g) was added:
- "g) The Trauma Center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level I Pediatric Trauma Center must demonstrate the following:
- 1) Board certification/Board eligibility in their specialty;
 - 2) Successful completion of trauma-related CME requirements as specified in this Section;
 - 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings.
 - 4) Physician specific outcome measurements for high volume/high acuity procedures.
 - 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course."
59. In Section 515.2035, "g" was stricken and "h" was added.
60. In Section 515.2035(i), "(h)-(r)" was stricken and "(i)-(s)" was added.
61. In Section 515.2040(c)(2), strikeouts were removed from "verification"; "A physician . . . patients." was deleted.
62. In Section 515.2040(c), a new subsection (6) was added: "6) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level II trauma center to treat the trauma patient."; "6" was stricken and "7" was added; "7" was stricken and "8" was added; "8" was stricken and "9" was added; "9" was stricken and "10" was added.
63. In Section 515.2040(e)(7), "registered nurses" was deleted; "Professional" was added; remove strikeouts from "Registered-Nurses".
64. In Section 515.2040(f)(1)(A)(ii), "or AOA" was added.
65. In Section 515.2040(f)(1)(B), "10 of which are trauma related," was added.
66. In Section 515.2040(f)(3)(D), "77 Ill. Adm. Code 250, specifically"

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was stricken.

67. Section 515.2040(f)(7) was stricken; "8" was stricken and "7" was added; "9" was stricken and "8" was added.
68. In Section 515.2040(f)(8)(B), "registered professional nurse" was deleted; strikeouts were removed from "Registered-Professional-Nurse", "two--years" and "and"; "who is a TNS", "one year", "of", and "with" were deleted; "of" was added before "ICU".
69. In Section 515.2040(f)(8)(B), "trauma-related" was added; "continuing" was stricken; "continuing" was added after "care".
70. In Section 515.2040(f)(8)(C)(vi), "77 Ill. Adm. Code 250, specifically" was stricken.
71. In Section 515.2040(f)(8)(C)(viii), "oximetry" was stricken and "oximeter" was added; "and" was added.
72. Section 515.2040(f)(8)(C)(ix) was deleted; "x" was changed to "ix".
73. In Section 515.2040(f)(8)(C)(ix), "(77 Ill. Adm. Code 250)" and "specifically" were deleted.
74. In Section 515.2040(f), "10" was stricken and "9" was added; "11" was stricken and "10" was added.
75. In Section 515.2040(g)(2), "Professional" was added.
76. In Section 515.2040(g)(2), the following was added after "Part.": "The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for those additional trauma patients must have a minimum of four hours of trauma-related continuing education."; "The TNS . . . patient." was deleted.
77. In Section 515.2040, a new subsection (h) was added:
"h) The Trauma Center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level II Trauma Center must demonstrate the following:
1) Board certification/Board eligibility in their specialty;
2) Successful completion of trauma-related continuing medical education (CME) requirements as specified in this Section;
3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation in one or more

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of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings.

- 4) Physician specific outcome measurements based on the frequency and acuity of procedures or other peer review measures pertinent to the facility trauma patient volume.
- 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.; "h" was stricken and "i" was added.
78. In Section 515.2040(i)(1), "oximetry" was stricken and "oximeter" was added.
79. In Section 515.2040, AGENCY NOTE, "A" was stricken.
80. In Section 515.2040, "i" was stricken and "j" was added; "(i)" was stricken and "(j)" was added; "j" was stricken and "k" was added; "k" was stricken and "l" was added.
81. In Section 515.2040(1), a new subsection (6) was added: "6) A Professional staff competency plan in accordance with subsection (k) of this Section."
82. In Section 515.2040, "l" was stricken and "m" was added; "m" was stricken and "n" was added; "n" was stricken and "o" was added; "o" was stricken and "p" was added; "p" was stricken and "q" was added; "q" was stricken and "r" was added; "r" was stricken and "s" was added; "s" was stricken and "t" was added.
83. In Section 515.2045(b), "and have" was added before "10".
84. In Section 515.2045(c), a new subsection (5) was added: "5) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level II pediatric trauma center to treat the trauma patient."; "5" was stricken and "6" was added; "6" was stricken and "7" was added; "7" was stricken and "8" was added.
85. Section 515.2045(f)(7) was deleted; "8" was stricken and "7" was added.
86. In Section 515.2045(f)(8)(B), "registered professional nurse" was deleted; strikeouts were removed from "Registered-Professional-Nurse"; "who is a TNS" was deleted; "one year" was deleted; strikeouts were removed from "two--years" and "and"; "trauma-related" was added; "continuing" was stricken; "critical care continuing" was added.
87. In Section 515.2045(f)(8)(C)(vii), "77 Ill. Adm. Code 250,

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specifically" was stricken.

88. In Section 525.2045(g)(2), "Professional" was added after "Registered"; the following was added after "(APLS)": "The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for these additional trauma patients must have a minimum of four hours of trauma-related continuing education."; "The TNS . . . patient." was deleted.

89. In Section 515.2045, a new subsection (h) was added:

"h) The Trauma Center shall develop a professional staff competency plan, including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level II Pediatric Trauma Center must demonstrate the following:

- 1) Board certification/Board eligibility in their specialty;
- 2) Successful completion of trauma-related CME requirements as specified in this Section;
- 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by the routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
- 4) Physician-specific outcome measurements, based on the frequency and acuity of procedures or other peer review measures pertinent to the facility trauma patient volume.
- 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course."; "h" was stricken and "i" was added.

90. In Section 515.2045(k), "(h)-(r)" was stricken and "(i)-(s)" was added.

91. Section 515.2050, subsections (b)(1)-(79) were stricken; (80)-(93) were deleted.

92. In Section 515.2050(b), new subsections were added:

- 1) Trauma hospital number
- 2) Trauma hospital level of care
- 3) Trauma registry number
- 4) Crash record number
- 5) Pre-hospital record number
- 6) Medical record number
- 7) Last name
- 8) First name
- 9) Middle initial
- 10) ED arrival date

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- 11) EMS region
- 12) Birth date
- 13) Age
- 14) Sex
- 15) Race
- 16) Injury date
- 17) Injury time
- 18) Home address
- 19) Home city
- 20) Home state
- 21) Home country
- 22) Home zip code
- 23) Federal Information Processing Standard (FIPS) home
- 24) Scene address
- 25) Scene city
- 26) Scene state
- 27) Scene zip code
- 28) FIPS scene
- 29) International Classification of Diseases (ICD)-9CM codes and effective dates, including E-codes, N-codes, P-codes with location date, time and physician (number code) performing procedure, and V-codes
- 30) School related injury
- 31) Work related injury
- 32) Safety equipment
- 33) Vehicle seat position
- 34) Date arrived at transferring hospital
- 35) Time arrived at transferring hospital
- 36) Initial Glasgow Coma Score (GCS) total at transferring hospital
- 37) Initial respiration rate at transferring hospital
- 38) Initial temperature at transferring hospital
- 39) Initial temperature scale at transferring hospital
- 40) Initial temperature method at transferring hospital
- 41) Admission/surgery at transferring hospital
- 42) Transferring hospital number
- 43) Transferring vehicle number
- 44) Transport vehicle highest level or care
- 45) Date discharged from transferring hospital
- 46) Time discharged from transferring hospital
- 47) Pre-hospital dispatch time
- 48) Pre-hospital scene arrival date
- 49) Pre-hospital scene arrival time
- 50) Pre-hospital patient contact time
- 51) Pre-hospital scene depart time
- 52) Pre-hospital scene minutes - calculated
- 53) Pre-hospital transport minutes - calculated
- 54) Pre-hospital vehicle number
- 55) Pre-hospital initial GCS total

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- 56) Pre-hospital systolic pressure
 57) Pre-hospital pulse
 58) Pre-hospital respiratory rate
 59) Pre-hospital revised trauma score
 60) Pre-hospital pediatric trauma score
 61) Pre-hospital triage criteria as referenced in Section 515.2200(g)
 62) Pre-hospital run sheet on chart
 63) ED arrival date
 64) ED arrival time
 65) Minimum trauma field triage criteria-in-house assessment as referenced in Section 515.2200(g)
 66) Category - level of trauma care activation (I, II, other)
 67) Category - location of trauma activation
 68) Category - initial time trauma activation declared
 69) Category - trauma grade change
 70) Category - initial time of trauma category grade change
 71) ED physician, trauma surgeon, assistant surgeon, neurosurgeon and consulting physician code numbers, and notification and ED arrival times
 72) ED blood alcohol
 73) ED drug screen - therapeutic and self-administered
 74) ED initial eye, verbal, motor and total Glasgow Coma Scores
 75) ED initial systolic pressure
 76) ED initial respiratory rate and assessment qualifier
 77) ED initial pulse rate
 78) ED initial temperature
 79) ED initial temperature scale
 80) ED initial temperature method/rate
 81) ED trauma score revised
 82) ED pediatric trauma score
 83) Breakdown scores for pediatric trauma score
 84) Pediatric resuscitation tape - height and weight
 85) ED minutes prior to head computerized tomography (CT)
 86) ED cervical clearance
 87) ED discharge date
 88) ED discharge/depart time
 89) ED minutes
 90) ED disposition
 91) ED reason for transfer
 92) ED disposition death
 93) Admitting service
 94) Date of first operation
 95) Time of first operation
 96) Complications
 97) Unanticipated operation
 98) Blood products, including auto-transfusion
 99) Total ICU days

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- 100) Total monitored bed days
 101) Total ventilator days
 102) In-patient consult
 103) Injury severity score (ISS)
 104) ISS calculation
 105) Abbreviated injury score for each injury with description and AIS revision and effective year
 106) Trauma Score/Injury Severity Score (TRISS) survival probability
 107) Discharge disposition
 108) Transferred to (facility number)
 109) Hospital discharge date
 110) Total hospital days
 111) Discharge expression, feeding and locomotion capabilities as determined by the functional independence measure (FIM)
 112) Organ donor status
 113) Hospital charges
 114) Hospital payment source
 115) Clean/complete record
 116) DNR status
 93. In Section 515.2200(b), "k" was changed to "j"; "to the TNS" was added after "provided".
 94. In Section 515.2200(d), "in a staff nurse position" was added after "Specialist"; "registered nurse" was changed to "Registered Professional Nurse".
 95. In Section 515.2200(e), "Director" was changed to "Center".
 96. In Section 515.2200(f), "Trauma Director" was changed to "responsible nursing administrator".
 97. Section 515.2200(g) was deleted; "h" was changed to "g".
 98. In Section 515.2200(g), "responsible nursing administrator's" was deleted.
 99. In Section 515.2200, "i" was changed to "h".
 100. In Section 515.2200(h) and (i), "EMS" was changed to "State Emergency Medical Services".
 101. In Section 515.2200, "j" was changed to "i"; "k" was changed to "j".
 102. In Appendix A(a), "Name of hospital and address" was changed to "Name and address of hospital".
 103. Appendix A(b)(18) was deleted.

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104. In Appendix A, some subsections were renumbered; references to subsections were relettered.
105. In Appendix A(b): "21) Review criteria in Section 515.2030(e)(11). Submit documentation to substantiate this requirement." was added.
106. In Appendix A(b): "27) Review criteria in Section 515.2030(g)(1)-(5) for a professional staff competency plan. Submit documentation to substantiate this requirement." was added.
107. In Appendix A, "36) Review criteria in Section 515.2030(k)(6) for a professional staff competency plan. Submit documentation to substantiate this requirement." was added.
108. In Appendix A(c), "5) Review criteria in Section 515.2035(c)(6) for physician competency. Submit documentation to substantiate this requirement." was added.
109. Appendix A(c)(19) was deleted.
110. In Appendix A(c), "28) Review criteria in Section 515.2035(g)(1)-(5) for a professional staff competency plan. Submit documentation to substantiate this requirement." was added.
111. In Appendix A(c), "5) Review the requirement in Section 515.2040(c)(6) for a physician competency plan. Submit documentation to support this requirement." was added.
112. Appendix A(d)(15) was deleted.
113. Appendix A(d), "35) Review criteria in Section 515.2040(h) regarding professional staff competency plan. Submit documentation to substantiate this requirement." was added.
114. Appendix A(e)(15) was deleted.
115. Appendix A(e)(28) was deleted and the following were added:
 "28) Review helicopter landing requirements in Section 515.2040(j)(1)-(3). Submit a statement regarding the helicopter landing.
 29) Review requirements in Section 515.2040(k)(1)-(4) for a focused outcome analysis. Submit documentation to substantiate this requirement.
 30) Review criteria in Section 515.2040(l)(2) for clinical protocols. Submit a statement that the trauma center will keep protocols for management of trauma patients on site.
 31) Review the criteria in Section 515.2040(m) regarding trauma plan approval by the Department. Submit a statement that the trauma

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- center will receive approval on changes to the trauma plan before implementing.
- 32) Review the Trauma Flow Sheet criteria in Section 515.2040(o). Submit a Trauma Flow Sheet.
- 33) Review criteria in Section 515.2040(p) for the Trauma Center Medical Director job description. Submit a job description.
- 34) Review criteria in Section 515.2040(q) for the Trauma Coordinator job description. Submit job description.
- 35) Review criteria in Section 515.2040(r) for the trauma service to be supported in the facility budget. Submit documentation to substantiate this requirement.
- 36) Review resource limitation criteria in Section 515.2040(s). Submit documentation to substantiate this requirement.
- 37) Review the criteria for public information and education in Section 515.2040(t). Submit documentation to substantiate this requirement."
116. In Appendix I, "of" was added after "requirements".
- The following changes were made in response to comments and suggestions of the JCAR:
1. "515.450 Complaints" was deleted in the Table of Contents.
 2. Section 515.450 was deleted from the rulemaking.
 3. In Section 515.750(f)(1)(B), ".00" was stricken.
 4. In Section 515.750(k), ".00" was deleted.
 5. In Section 515.2030(e)(4)(C)(x), "250" and the 2nd comma were stricken; ")" was deleted; "Sections" was deleted; ")" was added before the semi-colon.
 6. In Section 515.2030(e)(5)(D), the comma was stricken and "Section" was deleted; "77 Ill. Adm. Code" was reinstated, an opening parenthesis was added before "77"; and a closing parenthesis was added before the semicolon.
 7. In Section 515.2030(g), a closing parenthesis was added after "g" and "Trauma Center" was changed to lower case.
 8. In Section 515.2030(g)(4), "Physician-specific" was changed to "Physician specific".
 9. In Section 515.2030(k)(4), "and" was stricken.
 10. In Section 515.2030(k)(5), the period was stricken and "; and"

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was added.

11. In Section 515.2030(c)(5), "pediatric trauma center" was capitalized.
12. In Section 515.2035(e)(5)(B), "continuing" was stricken.
13. In Section 515.2035(e)(5)(C)(x), the 1st comma was stricken; "Sections" was deleted; "77 Ill. Adm. Code" was reinstated; an opening parenthesis was added before the semicolon.
14. In Section 515.2035(e)(6)(D), the comma was stricken; "Section" was deleted; "77 Ill. Adm. Code" was reinstated; an opening parenthesis was added before "77"; and a closing parenthesis was added before the semicolon.
15. In Section 515.2035(g)(3) and (4), the period was changed to a semicolon.
16. In Section 515.2035, "h" was stricken and "i" was added; "i" was deleted and "j" was reinstated.
17. In Section 515.2040(c)(6), "trauma center" was capitalized.
18. In Section 515.2040(f)(3)(D), the comma was stricken; "77 Ill." was reinstated; a closing parenthesis was added before "77"; "Adm. Code" was reinstated; "Section" was stricken; a closing parenthesis was added before the semicolon.
19. In Section 515.2040(f)(8)(C)(vi), the first comma was stricken; "77 Ill. Adm. Code" was reinstated; an opening parenthesis was added before "77"; "Sections" was stricken and a closing parenthesis was added before the semicolon.
20. In Section 515.2040(f)(8)(C)(ix), "Sections" was changed to "77 Ill. Adm. Code" and "250.170" was changed to "250.2710".
21. In Section 515.2040(h), "Trauma Center" was changed to lower case.
22. In Section 515.2040(j), "14, specifically Sections" was stricken.
23. In Section 515.2045(c)(5), "pediatric trauma center" was capitalized.
24. In Section 515.2045(f)(2)(A), the comma was stricken and parenthesis were added around the IAC citation.

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25. In Section 515.2045(f)(2)(A), "at" was added after "needed".
26. In Section 515.2045(f)(3)(D), the comma was stricken and an opening parenthesis was added before "77"; "250, specifically Section" was stricken and a closing parenthesis was added before the semicolon.
27. In Section 515.2045(f), "9)" and "10)" were stricken and "8)" and "9)" were added.
28. In Section 515.2045(f)(9)(C)(vii), the first comma was stricken; "77 Ill. Adm. Code" was reinstated; an opening parenthesis was added before "77"; "Sections" was stricken; a closing parenthesis was added before the semicolon.
29. In Section 515.2045(h), "Trauma Center" was changed to lower case.
30. In Section 515.2045(h)(3), "the" was deleted.
31. In Section 515.2045(h)(4), "physician-specific" was changed to "physician specific" and the comma after "measurements" was deleted.
32. Subsections in Section 515.2045 were re-lettered.
33. In Section 515.2050(b)(36), "Glasgow" was changed to "Glasgow".
34. In Section 515.2050(b)(44), "or" was changed to "of".
35. In Section 515.2050(b)(74), "Ed" was changed to "ED".
36. In Section 515.2200(d) and (e), "Trauma Center" was changed to lower case.
37. Cross-references were corrected in Appendix A(c)(6) and (d)(4), (6), (7), (8) and (9).
38. The last sentence in Appendix A(c)(15) was deleted.
39. Subsections (e)(28)-(37) were renumbered as (27)-(36) in Appendix A.
40. In Appendix A(e)(37), "the" was deleted.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

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- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will these amendments replace any emergency amendments currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and purpose of the amendments:

Section 515.300 (Approval of New EMS Systems) is being amended to revise requirements for new EMS Systems. The Department will become involved in the approval process only if the request is denied at the Regional level. "Existence of an uncovered geographic area" will not be a criterion because a new System would automatically be designated for an uncovered area.

Section 515.320 (Scope of EMS Service) is being amended to require the Resource Hospital to identify the EMS System in its budget, with sufficient funds to support the EMS Medical Director, EMS System Coordinator and support staff and to provide for the operation of the EMS System.

Section 515.330 (EMS System Program Plan) is being amended to require each hospital to have a policy addressing peak census procedures, such as the policy developed by the Department.

Section 515.350 (Data Collection and Submission) to require run reports to be completed by all non-transport vehicle service providers to document all medical care rendered.

Section 515.510 (Emergency Medical Technician - Intermediate Training) is being amended to delete reference to a Department examination, which is no longer offered.

Section 515.530 is being amended to clarify that the Department EMT-I examination will be administered only when an examination is available.

Section 515.540 (EMT Licensure) is being amended to require an EMT to notify the Department within 30 days after any change in name or address. Reference to functioning in an EMS System is deleted, since an EMT cannot do so prior to licensure.

Section 515.730 (Pre-Hospital Registered Nurse) is being amended to require a pre-hospital RN to notify the Department within 30 days after any change in name or address.

Section 515.740 (Emergency Communications Registered Nurse) is being

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amended to require an ECRN to notify the Department within 30 days after any change in name or address.

Section 515.750 (Trauma Nurse Specialist) is being amended to require a trauma nurse specialist (TNS) to notify the Department within 30 days after any change in name or address.

Section 515.830 (Ambulance Licensing Requirements) is being amended to delete the provision concerning an end stop device.

Section 515.2030 (Level I Trauma Center Designation Criteria) is being amended to require a physician with current completion of ATLS to be present 24 hours a day in the Level I trauma center to treat the Category I trauma patient. If a resident is fulfilling the trauma surgeon requirement, an attending will be required to be present for patients undergoing procedures by the time the surgery begins. One RN in the Intermediate Care Unit per shift must be a Trauma Nurse Specialist. Additional requirements for Trauma Nurse Specialists in the Trauma Center are being added. The Trauma Center will also be required to demonstrate an ongoing relationship with its designated organ procurement agency.

Section 515.2035 (Level I Pediatric Trauma Center) is being amended to require the nurse in the pediatric intensive care unit to be a Trauma Nurse Specialist. The TNS in the emergency department will also have responsibility for nursing care of the trauma patient.

Section 515.2040 (Level II Trauma Center Designation Criteria) is being amended to move obstetrical services from a "surgical speciality" to a "surgical service." One RN in the Intensive Care Unit per shift will be required to be a TNS. Additional required equipment includes temperature control devices, and drugs, intravenous fluids and supplies in accordance with the Hospital Licensing Requirements. The TNS in the emergency department is also required to be responsible for care of the trauma patient.

Section 515.2045 (Level II Pediatric Trauma Center) is being amended to clarify the Medical Director requirements, to require one RN per shift in the ICU to be a TNS; to require the TNS in the emergency department to have responsibility for care of the trauma patient; to delete redundant language concerning additional trauma requirements.

Section 515.2050 (Trauma Center Uniform Reporting Requirements) is being amended to clarify computer software requirements; and to add information that must be reported for each trauma patient.

A new Section 515.2200 is being added to establish suspension policies for trauma nurse specialist certification.

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In Appendix A (A Request for Designation (RFD) Trauma Center), the application form is being revised.

In Appendix G (Credentials of General/Trauma Surgeons), two years of post-residency trauma experience replaces the one-year trauma care experience and Medical Director requirements.

In Appendix H (Credentials of Emergency Department Physicians), credentials are being amended to remove reference to residency, and to add AOBEM AOA certification or eligibility.

Appendix I (Credentials of General/Trauma Surgeons Level I and II Pediatric Trauma Center) and Appendix II (Credentials of Emergency Department Physicians Level I and II Pediatric Trauma Centers) are being added.

16) Information and questions regarding these adopted amendments shall be directed to:

Peggy Snyder, Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
rules@idph.state.il.us

The full text of the adopted amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515

EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE
SUBPART A: GENERAL

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Violations, Hearings and Fines
515.170	Employer Responsibility
SUBPART B: EMS REGIONS	
515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
515.230	Resolution of Disputes Concerning the EMS Regional Plan

SUBPART C: EMS SYSTEMS

Section	
515.300	Approval of New EMS Systems
515.310	Approval and Renewal of EMS Systems
515.315	Bypass Status Review
515.320	Scope of EMS Service
515.330	EMS System Program Plan
515.340	EMS Medical Director's Course
515.350	Data Collection and Submission
515.360	Approval of Additional Drugs and Equipment
515.370	Automated Defibrillation
515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications
515.410	EMS System Communications
515.420	System Participation Suspensions
515.430	Suspension, Revocation and Denial of Licensure of EMTs
515.440	State Emergency Medical Services Disciplinary Review Board
515.445	Pediatric Care

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section	
515.500	Emergency Medical Technician-Basic Training
515.510	Emergency Medical Technician-Intermediate Training

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515.520 Emergency Medical Technician-Paramedic Training
 515.530 EMT Testing and Fees
 515.540 EMT Licensure
 515.550 Scope of Practice - Licensed EMT
 515.560 EMT-B Continuing Education
 515.570 EMT-I Continuing Education
 515.580 EMT-P Continuing Education
 515.590 EMT License Renewals
 515.600 EMT Inactive Status
 515.610 EMT Reciprocity

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER,
 FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE,
 EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND
 TRAUMA NURSE SPECIALIST

Section
 515.700 EMS Lead Instructor
 515.710 Emergency Medical Dispatcher
 515.720 First Responder
 515.725 First Responder - AED
 515.730 Pre-Hospital Registered Nurse
 515.740 Emergency Communications Registered Nurse
 515.750 Trauma Nurse Specialist
 515.760 Trauma Nurse Specialist Program Plan

SUBPART F: VEHICLE SERVICE PROVIDERS

Section
 515.800 Vehicle Service Provider Licensure
 515.810 EMS Vehicle System Participation
 515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
 515.825 Alternate Response Vehicle
 515.830 Ambulance Licensing Requirements

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL
 SERVICES VEHICLE (SEMSV) PROGRAMS

Section
 515.900 Licensure of SEMSV Programs - General
 515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
 515.920 SEMSV Program Licensure Requirements for All Vehicles
 515.930 Helicopter and Fixed-Wing Aircraft Requirements
 515.935 EMS Pilot Specifications
 515.940 Aeromedical Crew Member Training Requirements
 515.945 Aircraft Vehicle Specifications and Operation
 515.950 Aircraft Medical Equipment and Drugs

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515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
 515.960 Aircraft Communications and Dispatch Center
 515.965 Watercraft Requirements
 515.970 Watercraft Vehicle Specifications and Operation
 515.975 Watercraft Medical Equipment and Drugs
 515.980 Watercraft Communications and Dispatch Center
 515.985 Off-Road SEMSV Requirements
 515.990 Off-Road Vehicle Specifications and Operation
 515.995 Off-Road Medical Equipment and Drugs
 515.1000 Off-Road Communications and Dispatch Center

SUBPART H: TRAUMA CENTERS

Section
 515.2000 Trauma Center Designation
 515.2010 Denial of Application for Designation or Request for Renewal
 515.2020 Inspection and Revocation of Designation
 515.2030 Level I Trauma Center Designation Criteria
 515.2035 Level I Pediatric Trauma Center
 515.2040 Level II Trauma Center Designation Criteria
 515.2045 Level II Pediatric Trauma Center
 515.2050 Trauma Center Uniform Reporting Requirements
 515.2060 Trauma Patient Evaluation and Transfer
 515.2070 Trauma Center Designation Delegation to Local Health Departments
 515.2080 Trauma Center Confidentiality and Immunity
 515.2090 Trauma Center Fund
 515.2100 Pediatric Care (Renumbered)
 515.2200 Suspension Policy for Trauma Nurse Specialist Certification

SUBPART I: EMS ASSISTANCE FUND

Section
 515.3000 EMS Assistance Fund Administration
 APPENDIX A A Request for Designation (RFD) Trauma Center
 APPENDIX B A Request for Renewal of Trauma Center Designation
 APPENDIX C Minimum Trauma Field Triage Criteria
 APPENDIX D Standing Medical Orders
 APPENDIX E Minimum Prescribed Data Elements
 APPENDIX F Template for In-House Triage for Trauma Centers
 APPENDIX G Credentials of General/Trauma Surgeons Level I and Level II
 APPENDIX H Credentials of Emergency Department Physicians Level I and Level II
 APPENDIX I Credentials of General/Trauma Surgeons Level I and Level II
 APPENDIX J Pediatric Trauma Centers
 Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers

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AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 99218, effective December 15, 2000; amended at 25 Ill. Reg. 16368, effective

NOTE: In this Part, unless the context clearly indicates otherwise, superscript numbers or letters are denoted by parentheses; subscript are denoted by brackets, and SUM means the summation series or sigma function as used in mathematics.

SUBPART C: EMS SYSTEMS

Section 515.300 Approval of New EMS Systems

a) ~~Beginning--September--1,--1997,--the~~ The Department shall approve the development of a new EMS System only when a local or Regional need for establishing such System has been identified (Section 3.20(c)(1) of the Act). The applicant shall submit documentation addressing the following:

- 1) A clear description of its current role and status within the existing System;
- 2) Its rationale for separating from the existing System and developing its own program;
- 3) A description of the methods to be used for ensuring the coordination of emergency services with adjacent Systems, including the System that it proposes to leave;
- 4) A statement detailing the effect that the proposed change will have on the area's pre-hospital services and patient referral patterns;
- 5) A statement summarizing the steps to be taken to ensure that the necessary quality and level of care will be maintained during the implementation phase of the proposed System; and
- 6) A letter of support ~~or--denial~~ from the Regional Advisory Committee.

b) In the event of a denial letter from the Regional Advisory Committee, the Department may approve the establishment of a new System ~~approval shall be based upon any of the following criteria justifying--a--need for--establishing--a--new--EMS--System:~~

- 1) Existence of an uncovered geographic area;

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- 12) Unavailability or inaccessibility of primary or continuing education to current providers that participate in the area;
- 23) Discrepancy between inconsistency of the level of pre-hospital emergency care of the EMS System and with the level of the provider; or
- 47 Recommendation of the Regional EMS Advisory Committee of the need for an additional EMS System; and
- 35) Documentation of extenuating circumstances, to be reviewed by the Department on an individual basis, where a special need exists and/or a special population is not serviced by an existing EMS System.

(Source: Amended at 25 Ill. Reg. 16368, effective

Section 515.320 Scope of EMS Service

- a) All Basic Life Support (BLS), Intermediate Life Support (ILS), and Advanced Life Support (ALS) services, as defined in the Act, shall be provided through EMS Systems. An individual System shall operate at one or more of those levels of service, as specified in its Program Plan and the Department's letter of approval, using vehicles licensed by the Department pursuant to the Act and this Part.
- b) All pre-hospital, inter-hospital and non-emergency medical care, as defined in the Act, shall be provided through EMS Systems, using the levels of Department licensed or approved personnel required by the Act and this Part.
- c) An EMS System shall designate a Resource Hospital, which shall have the authority and responsibility for the System, through the EMS Medical Director, as described in the Act, this Part and the System program plan.
- d) All other hospitals which are located within the geographic boundaries of a System and which have standby, basic or comprehensive level emergency departments must function in that System as either an Associate Hospital or Participating Hospital and follow all System policies specified in the System Program Plan. (Section 3.20(b) of the Act)

1) All hospitals shall be ~~that are not already~~ formally affiliated with a System ~~shall do so within sixty days after April 15, 1997.~~ A hospital may have a secondary affiliation with another System or may request a waiver to participate in a System other than that in which the hospital is geographically located. (See Section 515.150(d)(5).)

- 2) Every System hospital shall identify the level of its emergency department services in its letter of commitment, which is part of the EMS System Program Plan to be submitted to the Department.
- 3) An "Associate Hospital" shall provide the same clinical and communications services as the Resource Hospital, but shall not

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have the primary responsibility for personnel training and System operations. It shall have a basic or comprehensive emergency department with 24-hour physician coverage and a functioning intensive care and/or cardiac care unit.

- 4) A "Participating Hospital" may or may not have communications/monitoring capabilities.
- 5) All System hospitals shall agree to replace medical supplies and provide for equipment exchange for System vehicles.
- 6) All System hospitals monitoring telecommunications from EMS field personnel shall provide voice orders either by the EMS Medical Director, a physician appointed by the EMS Medical Director, or an Emergency Communications Registered Nurse (ECRN).
- 7) All System hospitals shall allow the Department, the EMS Medical Director and EMS System Coordinator access to all records, equipment, vehicles and personnel during their activities evaluating the Act and this Part.

e) The Resource Hospital shall appoint an EMS Medical Director (EMSMD). For an ILS or ALS level EMS System the EMSMD shall be a physician licensed to practice medicine in all of its branches in Illinois, and certified by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine, and for a BLS level EMS System the EMSMD shall be a physician licensed to practice medicine in all of its branches in Illinois, with regular and frequent involvement in pre-hospital emergency medical services. In addition, all EMSMDs shall:

- 1) Have experience on an EMS vehicle at the highest level available within the System, or make provision to gain such experience within 12 months prior to the date responsibility for the System is assumed or within 90 days after assuming the position; and
- 2) Be thoroughly knowledgeable of all skills included in the scope of practices of all levels of EMS personnel within the System; and
- 3) Have or make provision to gain experience instructing students at a level similar to that of the levels of EMS personnel within the System; and
- 4) For ILS and ALS EMS Medical Directors, successfully complete a Department-approved EMS Medical Director's Course. (Section 3.20(c)(6) of the Act)
- f) The EMS Medical Director shall appoint an alternate EMS Medical Director and establish a written protocol addressing the functions to be carried out in his or her absence. (Section 3.35(b) of the Act)
- g) An EMS System utilizing Specialized Emergency Medical Service Vehicles (SEMSVs) shall appoint and/or approve the SEMSV Medical Director(s) to manage and direct the use of SEMSVs and their personnel within the System. He or she shall be a physician who has met at least the following qualifications:
 - 1) One or more of the following:
 - A) Certified by the American Board of Emergency Medicine (ABEM)

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or American Osteopathic Board of Emergency Medicine (AOBEM) through the American Osteopathic Association (AOA); or

B) Completion of a residency in emergency or osteopathic emergency medicine as prescribed by one of the above Boards; or

C) Completion of a 12-month internship followed by 60 months plus 7,000 hours of hospital based emergency or osteopathic emergency medicine (2,800 of the 7,000 hours must be completed within one 24-month period), and documentation of 50 hours of related continuing education for each complete year of practice; and

- 2) Completion of advanced cardiac life support and advanced trauma life support courses; and
- 3) For aircraft programs, completion of training covering inflight treatment modalities, altitude physiology, and infection; and
- 4) For watercraft programs, completion of training covering diving accident physiology and treatment, and drowning in cold, warm, fresh and salt water.

h) The Resource Hospital shall appoint a full-time EMS System Coordinator, who shall be responsible for coordinating the educational and functional aspects of the System, as described in the Program Plan. He or she shall be a Registered Professional Nurse registered professional--nurse or EMT-P licensed in the State of Illinois, and meet at least the following qualifications:

- 1) Be trained and knowledgeable in dysrhythmia identification and treatment,
- 2) Have a diverse background in critical care, and
- 3) Within one year after being appointed, complete in-field observation and/or participation on at least 10 ambulance runs at the highest level of service provided by the System.

i) The Resource Hospital shall appoint an EMS Administrative Director, who shall be responsible for administrative operations of the System as described in the Program Plan.

j) To avoid any conflict of interest, the EMS Medical Director, EMS System Coordinator and EMS Administrative Director shall notify the Department in writing of any association with an ambulance service provider through employment, contract, ownership, or otherwise specifying how he or she is answerable to or directed by such ambulance service provider concerning any matter falling within the scope of the Act or this Part. The Department shall review and address potential or actual conflicts of interest on a case-by-case basis.

k) The Resource Hospital must identify the EMS System in the facility's budget, with sufficient funds to support the EMS Medical Director, EMS System Coordinator and support staff and to provide for the operation of the EMS System.

(Source: Amended at 25 Ill. Reg. 16386, effective

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the enforcement of compliance with the System Program Plan by all participants within the System;

- 8) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every EMT-B, EMT-I or EMT-P within the System who has not been recommended for relicensure by the EMS Medical Director; and
- 9) Be responsible for compliance with the provisions of Sections 515.400 and 515.410 of this Part;
- h) A description of the method(s) of providing EMS services, which includes:
 - 1) single vehicle response and transport;
 - 2) dual vehicle response;
 - 3) level of first response vehicle;
 - 4) level of transport vehicle;
 - 5) use of mutual aid agreements; and
 - 6) informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;
- i) A letter of commitment from each Associate or Participating Hospital within the System that includes the following:
 - 1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;
 - 2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;
 - 3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;
 - 4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System or other EMS system whose ambulances transport to them;
 - 5) An agreement to use the standard treatment orders as established by the Resource Hospital;
 - 6) An agreement to follow the operational policies and protocols of the System;
 - 7) A description of the level of participation in the training and continuing education of pre-hospital personnel;
 - 8) An agreement to collect and provide relevant data as determined by the Resource Hospital;
 - 9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;
 - 10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;
 - 11) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will

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Section 515.330 EMS System Program Plan

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

- a) The name, address and fax number of the Resource Hospital;
- b) The names and resumes of the following persons:
 - 1) The EMS Medical Director,
 - 2) The Alternate EMS Medical Director,
 - 3) The EMS Administrative Director,
 - 4) The EMS System Coordinator;
- c) The name, address and fax number of each Associate or Participating Hospital (see subsection (i) of this Section);
- d) The name and address of each ambulance provider participating within the EMS System;
- e) A map of the EMS System's service area indicating the location of all hospitals and ambulance providers participating in the System;
- f) Current letter(s) of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the writer's understanding of and commitment to any necessary changes such as emergency department staffing and educational requirements:
 - 1) The Chief Executive Officer of the hospital,
 - 2) The Chief of the Medical Staff, and
 - 3) The Director of the Nursing Services;
- g) A letter of commitment from the EMS Medical Director that describes the EMSMD's agreement to:
 - 1) Be responsible for the ongoing education of all System personnel, including coordinating didactic and clinical experience;
 - 2) Develop written standing orders (treatment protocols, standard operating procedures) to be used in the EMSMD's absence and certify that all involved personnel will be knowledgeable in emergency care and capable of providing treatment and using communications equipment once the program is operational;
 - 3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
 - 4) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
 - 5) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMSMD during any Department inspection, investigation or site survey;
 - 6) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
 - 7) Be responsible for the total management of the System, including

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ensure that communications interference as a result of this dual participation will be minimized; and

- l2) The names and resumes of the Associate Hospital EMS Medical Director and Associate Hospital EMS Coordinator;

j) A letter of commitment from each ambulance provider participating within the System, which indicates compliance with Section 515.810 of this Part;

k) Descriptions and documentation of each communications requirement provided in Section 515.400 of this Part;

- 1) The Program Plan shall consist of the EMS System Manual, which shall be provided to all System participants and shall include the following Sections:

1) Education and Training

A) Content and curricula of training programs for EMT, Emergency Medical Dispatcher, First Responder, Pre-Hospital RN, ECRN and Lead Instructor candidates, including:

- i) Entrance and completion requirements;
- ii) Program schedules;
- iii) Goals and objectives;
- iv) Subject areas;
- v) Didactic requirements, including skills laboratories;
- vi) Clinical requirements;
- vii) Testing formats;

B) Training program for Prearrival Medical Instructions, if applicable, including:

- i) Entrance and completion requirements;
- ii) Description of course materials;
- iii) Testing formats;

C) Continuing education for EMTs, Pre-Hospital RNs, ECRNs, including:

- i) System requirements (hours, types of programs, etc.);
- ii) System program for System participants: types of activities covered (e.g., telemetry review, and morbidity and mortality conferences) and protocols for enrollment and completion;
- iii) Requirements for approval of academic course work;
- iv) Didactic programs offered by the System;
- v) Clinical opportunities available within the System;
- vi) Record-keeping requirements for participants, which must be maintained at the Resource Hospital;

D) Renewal Protocols

- i) System examination requirements for EMTs, Pre-Hospital RNs, ECRNs;
- ii) Procedures for renewal of Pre-Hospital RN and ECRN approvals;
- iii) Submission of transaction cards for EMTs meeting renewal requirements;
- iv) Providing Department renewal application forms to EMTs

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who have not met renewal requirements according to System records;

E) System participant education and information, including:

- i) Distribution of System Manual amendments;
- ii) In-services for policy and protocol changes;
- iii) Methods for communicating updates on System and Regional activities, and other matters of medical, legal and/or professional interest;
- iv) Locations of library/resource materials, forms, schedules, etc.;

F) A plan for phasing in Emergency Medical Dispatcher and First Responder registration requirements over a five-year period for Emergency Medical Dispatchers and First Responders who choose to be included in the Program Plan (see Sections 515.710 and 515.720 of this Part);

G) A System may require that up to one-half of the continuing education hours that are required toward relicensure, as determined by the Department, be earned through attendance at system-taught courses;

H) A didactic continuing education course that has received a State site code shall be accepted by the System, subject only to the requirements of subsection (1)(1)(C) of this Section;

2) Drugs and Equipment

A) A list of all drugs and equipment required for each type of System vehicle;

B) Procedures for obtaining replacements at System hospitals;

3) Personnel Requirements for EMTs

A) Minimum staffing for each type and level of vehicle;

B) Guidelines for EMT patient interaction;

4) In-Field Protocols, including medical-legal policies but not limited to:

A) The Regional Standing Medical Orders;

B) System Standing Medical Orders as listed in Section 515.Appendix D;

C) Appropriate interaction with law enforcement on the scene;

D) When and how to notify a coroner or medical examiner;

E) Appropriate interaction with an independent physician/nurse on the scene;

F) The use of restraints;

G) Consent for treatment of minors;

H) Patient choice and refusal regarding treatment, transport, and/or destination;

I) The duty to perform all services without unlawful discrimination;

J) Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse;

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- K) Patient abandonment;
- L) Emotionally disturbed patients;
- M) Patient confidentiality and release of information;
- N) Durable power of attorney for health care;
- O) Do Not Resuscitate (DNR) orders (see Section 515.380 of this Part); and
- P) A policy concerning the use of latex-free supplies;
- 5) Communications standards and protocols including:
- A) The information contained in the System Program Plan relating to the requirements of Sections 515.410(a)(1), (2), (3) and (4) and 515.390(b) and (g) of this Part;
- B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;
- C) Protocols ensuring the voice orders via radio and using telemetry shall be given by or under the direction of the EMS Medical Director or the EMSMD's designee, who shall be either an ECRN, or physician; and
- D) Protocols defining when an ECRN should contact a physician;
- 6) Quality improvement measures for both adult and pediatric patient care should be performed on a quarterly basis and be available upon Department request; ambulance operation and System training activities, including but not limited to monitoring training activities to ensure that the instructions and materials are consistent with United States Department of Transportation training standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review;
- 7) Data collection and evaluation methods that include:
- A) The process that will facilitate problem identification, evaluation and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;
- B) A copy of the pre-hospital reporting form;
- C) A sample of the information and data to be reported to the Department summarizing System activity (see Section 515.350 of this Part);
- 8) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including:
- A) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);
- B) Infectious disease and disinfection procedures, including the policy on significant exposure;
- C) Reporting and documentation of problems; and
- D) Protocols for ILS/ALS System personnel to assess the condition of a patient being initially treated in the field

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- by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the ILS or ALS personnel is therefore appropriate. Such protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition, and shall require that such activities of the System personnel be done under the immediate direction of the EMS Medical Director or designee;
- 9) Any procedures regarding disciplinary and/or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act;
- 10) Any System policies regarding abuse of controlled substances or conviction of a felony crime by System personnel whether on or off duty;
- 11) The responsibilities of the EMS Coordinator(s), as designated by the EMS Medical Director, including data evaluation, supervision of clinical, didactic and field experience training, and physician and nurse education as required; and
- 12) The responsibilities of the EMS Medical Director;
- m) A written protocol for the bypassing of or diversion to a hospital, trauma center or Regional trauma center other than the nearest hospital, Regional trauma center or trauma center unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal. (Section 3.20(c)(5) of the Act) The bypass status policy should include a statement that for any life-threatening condition a patient may be transported to the closest facility, whether or not that facility is on bypass status. In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:
- 1) There are no critical or monitored beds available in the hospital; or
- 2) An internal disaster occurs in the hospital;
- n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes;
- o) Each hospital shall have a policy addressing peak census procedures, such as the model policy developed by the Department.
- (Source: Amended at 25 Ill. Reg. 16346, effective _____)

Section 515.350 Data Collection and Submission

- a) A run report shall be completed by each vehicle service provider for

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every emergency pre-hospital or inter-hospital transport and for refusal of care.

- 1) One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving this facility.
- 2) Each Resource Hospital shall designate or approve a single form to be used by all of its vehicle providers. It shall be a form that contains the minimum prescribed data elements listed in Section 515.530 Appendix E of this Part.

b) All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System within 24 hours. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request.

cb) The ambulance provider shall submit the run report data to the Resource Hospital. Each Resource Hospital shall submit a data report to the Department on March 1, June 1, September 1, and December 1 of each year, covering run report data from the preceding quarter. The report shall be in one of the following formats:

- 1) Copies of a scannable run report form, or
- 2) A data diskette containing the prescribed data elements.
 - A) The data elements shall be in a format compatible with the Department's data base input specifications, and
 - B) Department review and approval of data format compatibility is required prior to submission.

dc) When computer technology is available, each Resource Hospital shall develop and implement a mechanism for linking pre-hospital and inter-hospital run reports with emergency department, trauma center and admission records from the hospitals that receive emergency patients within the System. This mechanism shall facilitate tracking of case outcomes for purposes of internal quality control, medical study and improvement of both adult and pediatric patients.

(Source: Amended at 25 Ill. Reg. 16386, effective)

Section 515.510 Emergency Medical Technician-Intermediate Training

- a) An EMT-I training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.
- b) Applications for approval of EMT-I Training Programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of training program, and names and signatures of the EMS Medical Director and EMS System Coordinator.
- c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the

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first scheduled class.

- d) The EMS Medical Director of the EMS System shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. Minimum sections shall include #1 through #8.
- e) The EMT-I training program shall be under the direction of the EMS Medical Director and the EMS System Coordinator.
- f) The EMS System shall designate an EMS Lead Instructor, who shall be approved by the Department based on the requirements of Section 515.700.
- g) The EMS Lead Instructor shall be an EMT-I, an EMT-P, a Registered Professional Nurse or a physician and shall have four years of experience in emergency care as a provider and two years of teaching experience in a classroom setting.
- h) Any change excluding an emergency change (e.g., weather or instructor illness) in the EMT-I training program's EMS Medical Director, EMS System Coordinator and/or EMS Lead Instructor shall require an amendment to be filed with the Department.
- i) A candidate for an EMT-I training program must have a current Illinois EMT-B license.
- j) Before a candidate is accepted into the program, documentation must be submitted that an EMS System vehicle will be available to accommodate field experience.
- k) Each approved training program shall submit a student roster within 10 days after the first class as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.
- l) After an EMT-I candidate has completed and passed all components of the training program, and passed the Department's exam or the National Registry examination, the EMSMD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.
- m) All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Amended at 25 Ill. Reg. 16386, effective)

Section 515.530 EMT Testing and Fees

- a) All EMT-B candidates shall hold a high school diploma or high school equivalency certificate and be 18 years of age or older to be tested for licensure.
- b) After completion of an approved training program, candidates shall take a written examination. EMT-B and EMT-P candidates ~~The--candidate~~ shall have the choice of taking either the National Registry of Emergency Medical Technicians examination or the Department's

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examination. The Department's examination is based on the United States Department of Transportation National Standard Curriculum and is equivalent to the National Registry Examination.

c) The Department or its designee shall administer the State written examination for EMT-B, EMT-I and EMT-P licensure and for EMT-I licensure when the State examination is available. Candidates who elect to take the National Registry of Emergency Medical Technicians examination in lieu of the State examination shall be responsible for making their own arrangements with the National Registry.

d) A failure rate per class of 25 percent or greater on the licensure examination shall require that the particular training program be reevaluated by the Department at least 60 days before the start of the next class.

e) The candidate shall retake the training program if he/she fails to achieve a passing grade on two successive examinations within 12 months after sitting for the examination for the first time.

f) When a candidate elects to take the State examination or the National Registry's examination, the candidate must pass that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.

g) A candidate making application for the Department's written examination for licensure shall include a certified check or money order made payable to the Department (personal checks or cash will not be accepted) for:

- 1) EMT-B examination - \$20;
- 2) EMT-I examination - \$30 (for State examination only); or
- 3) EMT-P examination - \$40.

h) Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of the examination fee.

i) If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.

j) All fees submitted for licensure examinations are not refundable.

k) Fees paid to the Department for testing shall be returned to the Resource Hospital serving the System in which the candidate trained.

(Source: Amended at 25 Ill. Reg. 16386, effective _____)

Section 515.540 EMT Licensure

a) To be licensed by the Department as an EMT-B, an individual must: 1) pass Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-B examination with a score of at least 70 percent.

2) Be-functioning-within-a-State-approved-EMS-System-providing-basic life-support-services-as-verified-by-that-System's-EMS-Medical

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Director:

b) To be licensed by the Department as an EMT-I, an individual must: 1) pass Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-I examination with a score of at least 70 percent.

2) Be-functioning-within-a-State-approved-EMS-System-providing intermediate-life-support-services-as-verified-by-that-System's EMS-Medical-Director:

c) To be licensed by the Department as an EMT-P, an individual must: 1) pass Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-P examination with a score of at least 70 percent.

2) Be-functioning-within-a-State-approved-EMS-System-providing advanced-life-support-services-as-verified-by-that-System's EMS-Medical-Director:

d) An EMT license will specify the level of licensure, i.e., EMT-B, EMT-I OR EMT-P, and will be effective for a period of four years.

e) An EMT shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.

(Source: Amended at 25 Ill. Reg. 16386, effective _____)

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER,

FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE,

EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND

TRAUMA NURSE SPECIALIST

Section 515.730 Pre-Hospital Registered Nurse

a) To be approved as a Pre-Hospital RN, an individual shall:

1) Be a Registered Professional Nurse registered-nurse in accordance with the Illinois Nursing and Advanced Practice Nursing Act of 1987;

2) Complete an education curriculum formulated by an EMS System and approved by the Department, which consists of at least 24 hours of classroom and practical training, including extrication, telecommunications, and pre-hospital cardiac and trauma care of both the adult and pediatric population (Section 3.80(c)(1)(A) of the Act);

3) Complete a minimum of 10 ALS runs supervised by a licensed physician, an approved Pre-Hospital RN or an EMT, only as authorized by the EMS Medical Director; and

4) Complete the Pre-Hospital RN application form as prescribed by the Department.

b) The EMS Medical Director shall approve individuals meeting subsection (a) of this Section as a Pre-Hospital RN for four years.

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c) The EMS Medical Director shall reapprove Pre-Hospital RNs every four years if the Pre-Hospital RN:

- 1) Is a Registered Professional Nurse registered-nurse in accordance with the Illinois Nursing and Advanced Practice Nursing Act of 1987; and
- 2) Has completed 120 hours of continuing education, the content of which shall be consistent with the System's continuing education requirements for EMT-Ps; and
- 3) Has a current CPR completion card that covers:
 - A) Adult one-rescuer CPR,
 - B) Adult foreign body airway obstruction management,
 - C) Pediatric one-rescuer CPR,
 - D) Pediatric foreign body airway obstruction management, and
 - E) Adult two-rescuer CPR.

d) ~~All-existing-Registered-Professional-Nurses/Field-RNs on July-19, 1995 shall-be-considered-Pre-Hospital-Registered-Nurses if--they--submit--a Pre-Hospital--RN--application-form-to-the-EMS-Medical-Director-by-July-17-1997--(Section-3-80(b)-of-the-Act)~~

de) Inactive Status

- 1) Prior to the expiration of the current approval, a Pre-Hospital RN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:

- A) Name of individual,
- B) Date of approval,
- C) Circumstances requiring inactive status, and
- D) A statement that recertification requirements have been met by the date of the application for inactive status.

- 2) The EMS Medical Director will review and grant or deny requests for inactive status.

- 3) For the Pre-Hospital RN to return to active status, the EMS Medical Director must document that the Pre-Hospital RN has been examined (physically and mentally) and found capable of functioning within the EMS System, that the Pre-Hospital RN's knowledge and clinical skills are at the active Pre-Hospital RN level, and that the Pre-Hospital RN has completed any refresher training deemed necessary by the EMS system. If the inactive status was based on a temporary disability, the EMSMD shall also verify that the disability has ceased.

- 4) During inactive status, the individual shall not function as a Pre-Hospital RN.

- 5) The EMS Medical Director shall notify the Department in writing of Pre-Hospital RN's approval, reapproval, or granting or denying inactive status within 10 days after any change in a Pre-Hospital RN's approval status.

e) A Pre-Hospital RN shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.

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(Source: Amended at 25 Ill. Reg. 16886, effective _____)

Section 515.740 Emergency Communications Registered Nurse

a) To be approved as an ECRN, an individual shall:

- 1) Be a Registered Professional Nurse registered-nurse in accordance with the Illinois Nursing and Advanced Practice Nursing Act of 1987;
 - 2) Complete an education curriculum formulated by an EMS System and approved by the Department, which consists of at least 40 hours of classroom and practical training for both the adult and pediatric population, including telecommunications, system standing medical orders and the procedures and protocols established by the EMS Medical Director (Section 3.80(c)(1)(B) of the Act);
 - 3) Complete eight hours of field experience supervised by an EMT, only as authorized by the EMS Medical Director; and
 - 4) Complete the ECRN application form as prescribed by the Department.
- b) The EMS Medical Director shall approve individuals meeting subsection (a) of this Section as an ECRN for four years.
- c) The EMS Medical Director shall reapprove ECRNs every four years if the ECRN:

- 1) Is a Registered Professional Nurse registered-nurse in accordance with the Illinois Nursing and Advanced Practice Nursing Act of 1987; and
- 2) Has completed 32 hours of continuing education in a four-year period.

d) ~~All-existing-Registered-Professional-Nurses/HFEMs on July-19, 1995 shall-be-considered Emergency-Communications-Registered-Nurses-(ECRNs) if-they-submit-an-ECRN-application-form-to-the-EMS-Medical-Director-by-July-17-1997--(Section-3-80(a)-of-the-Act)~~

de) Inactive Status

- 1) Prior to the expiration of the current approval, the ECRN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:

- A) Name of individual,
- B) Date of approval,
- C) Circumstances requiring inactive status,
- D) A statement that recertification requirements have been met by the date of the application for inactive status.

- 2) The EMS Medical Director will review and grant or deny requests for inactive status.

- 3) For the ECRN to return to active status, the EMS Medical Director must document that the ECRN has been examined (physically and mentally) and found capable of functioning within the EMS System,

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that the ECRN's knowledge and clinical skills are at the active ECRN level, and that the ECRN has completed any refresher training deemed necessary by the EMS System. If the inactive status was based on a temporary disability, the EMS System shall also verify that the disability has ceased.

- 4) During inactive status, the individual shall not function as an ECRN at any level.
- 5) The EMS Medical Director shall notify the Department in writing of the ECRN's approval, reapproval, or granting or denying inactive status within 10 days after any change in an ECRN's approval status.

e) An ECRN shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.

(Source: Amended at 25 Ill. Reg. 16386, effective _____)

Section 515.750 Trauma Nurse Specialist

a) Trauma Nurse Specialist (TNS) Training Sites

- 1) Trauma Nurse Specialist courses shall be conducted only at hospitals that have been designated by the Department as TNS Training Sites.
- 2) The Department shall designate TNS Training Sites based upon Regional needs for course availability, the trauma educational and clinical capabilities of interested hospitals, prior Department approval of a hospital as a TNS Training Site, and participation in an EMS System.
- 3) Any hospital seeking designation as a TNS Training Site must submit a Trauma Nurse Specialist Program Plan on a form provided by the Department.
- 4) The Chief Executive Officer of the hospital designated as a TNS Training Site shall appoint, and endorse in writing to the Department, a Trauma Nurse Specialist Course Coordinator (TNSCC) to plan, coordinate, implement and evaluate the TNS course and TNS program activities, who meets the following requirements:

- A) Is a Registered Professional Nurse registered-professional nurse licensed under the Illinois Nursing and Advanced Practice Nursing Act of 1987;
- B) Is employed by the TNS Training Site;
- C) Has at least three years of experience as a Registered Professional Nurse registered-professional nurse in an emergency department or critical care setting in a trauma center;
- D) Holds a Certificate of TNS course Completion issued by the Department or its equivalent as provided in this Section; and

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E) Has a minimum of 50 hours of teaching experience in emergency/critical care nursing courses.

b) The TNSCC shall admit to the TNS course only those individuals who have met the following requirements:

- 1) Are currently licensed as a Registered Professional Nurse registered-nurse in the state in which they are practicing, as verified by the submission of a photocopy of the official document showing the license number and expiration date; and
- 2) Have at least one year of experience as a Registered Professional Nurse registered-professional-nurse.

c) The TNS course shall include at least 80 hours of didactic sessions. The course content shall include but not be limited to the following topics:

- 1) EMS/Trauma System concepts,
- 2) Stabilization and transportation of the critically ill or injured,
- 3) Assessment and management of the traumatized patient,
- 4) Maxillofacial trauma,
- 5) Ocular trauma,
- 6) Neurological, respiratory and cardiac anatomy, physiology and assessment,
- 7) Head trauma,
- 8) Spinal trauma,
- 9) Cardiopulmonary trauma,
- 10) Adjuncts for airway control and ventilation,
- 11) Acid base-balance and Arterial Blood Gases (ABGs),
- 12) Abdominal trauma,
- 13) Genitourinary trauma,
- 14) Trauma in pregnancy,
- 15) Musculoskeletal/vascular/surface trauma,
- 16) Thermal trauma,
- 17) Fluid and electrolytes,
- 18) Pathogenesis of shock syndrome,
- 19) Pediatric trauma,
- 20) Family violence,
- 21) Organ procurement,
- 22) Legal issues,
- 23) Kinematics,
- 24) Hypothermia,
- 25) Trauma in the elderly, and
- 26) Complications of trauma.

d) The TNS course shall include eight hours of supervised observational experience from among the following areas:

- 1) Pre-hospital;
- 2) Critical care; or
- 3) Emergency Department.

e) Testing

- 1) A written pre-test consisting of a minimum of 100 multiple choice

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questions developed by the TNSCC and approved by the Department shall be administered on the first day of class. The TNSCC shall develop the questions based upon the topic outlines and objectives of the curriculum.

- 2) A practical examination shall be administered at the conclusion of the didactic sessions and clinical experience. The practical examination shall consist of a simulated trauma patient assessment station at which the student will evaluate and stabilize a simulated critically injured patient.

- A) The student shall have a maximum of ten minutes to evaluate and stabilize the patient.

- B) The student shall be rated on Primary Patient Assessment, Secondary Patient Assessment, Management, Stabilization, and Supervision and Leadership, in accordance with the Trauma Nurse Specialist Course Practical Examination Grading Form developed and provided by the Department along with the TNSCC.

- C) A student who receives a failing grade on the practical examination shall be given one opportunity to repeat the practical examination. A failing grade is defined as failure to attain at least 80 percent overall and/or failure to pass all lifesaving techniques asterisked on the Clinical Examination Grading Form.

- 3) A student who has successfully completed the didactic sessions and clinical experience shall be eligible to take the final written examination. This final examination shall consist of 150 multiple choice questions developed by the TNSCC using the objectives and topics of the TNS curriculum and approved by the Department. A score of 80 percent or above shall be a passing grade.

- A) A student shall be given one opportunity to retake the final written examination within ten days after the original examination date.

- B) The TNSCC shall extend the ten day retake period on an individual basis for reasons of a death in the student's family, or illness or injury to the student or student's family.

- 4) Each TNS course site shall offer practical and final written examinations based upon Regional needs.

- 5) Any individual who has met the admission requirements provided in subsection (b) of this Section has the option of taking the TNS Practical Examination and final written examination without having completed the didactic sessions or clinical experience. The individual must file a request for this testing option with the TNS Training Site at least 30 days prior to the scheduled practical examinations.

f) Certification as a TNS

- 1) A student may apply to the Department for certification by

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submitting:

- A) Documentation provided by the TNSCC of receiving a passing score on the final written examination and the practical examination;

- B) A fee of \$25.00 in the form of a certified check or money order made payable to the Department (personal checks or cash will not be accepted); and

- C) A completed TNS Certification Application form.

- 2) Certification is effective for four years.

- 3) After initial recertification, a TNS may apply for recertification by submitting the following at least 40 days but no more than 90 days prior to certification expiration:

- A) TNS Certification/Recertification Application;

- B) Verification of successful completion of the examination; or

- C) Documentation of any 40 hours of continuing education every two years, which may include hours required for ECRN certification, and which must include any of the following:

- i) Trauma nursing seminars;

- ii) Emergency/operative critical care nursing seminars relating to trauma management;

- iii) Teaching of trauma or emergency nursing classes;

- iv) Basic Trauma Life Support (BTLS), Pre-hospital Trauma Life Support (PHTLS), Pediatric Advanced Life Support (PALS) or Trauma Nurse Core Curriculum (TNCC);

- v) Other topics/offerings approved by the Department and the TNSCC;

- D) The recertification candidate is responsible for his/her record keeping and submission of continuing education documentation.

g) TNS Recertification

- 1) All persons--certified--as Trauma Nurse Specialists--on April 15, 1997--shall be considered Trauma--Nurse--Specialists--meeting--the requirements--of--this--Part--

- 2) Initial recertification will occur by Region beginning in 1999.

- 3) Standardized renewal dates will be assigned per Region by the TNSCC.

- 4) The TNS final written examination will be used for initial recertification.

- 5) A TNS certification will be effective for four years.

- 6) The certificate of a TNS who has failed to file an application for recertification shall terminate on the day following the expiration date shown on the certificate.

- h) A Department-issued certificate of completion for a Department-sponsored trauma nurse specialist course completed prior to the adoption of this Section shall be recognized as equivalent to the Certificate of TNS Course Completion issued pursuant to this Part.

i) Inactive Status

- 1) Prior to the expiration of the current certification, a TNS may

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request to be placed on inactive status. The request shall be in writing, on a form prescribed by the Department, and shall contain the following information:

- A) Name of individual,
 - B) Date of certification,
 - C) Circumstances requiring inactive status, and
 - D) A statement that recertification requirements have been met by the date of the application for inactive status.
- 2) The Department will review requests for inactive status. The Department shall notify the individual TNS in writing of its decision based on subsection (1)(1) of this Section.
- 3) For the TNS to return to active status, the application must be in writing and include a statement that the TNS's knowledge and clinical skills are at the active TNS level, and that the TNS has completed any refresher training deemed necessary by the respective TNSCC.
- 4) During inactive status, the individual shall not function as a TNS.

- j) A TNS whose certification has expired may, within 60 days after certification expiration, submit all recertification material as required in this Section and a fee of \$50 \$25-00 in the form of a certified check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the TNS, the Department will recertify the TNS.
- k) A TNS shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.

(Source: Amended at 25 Ill. Reg. 16.020.05, effective _____)

Section 515.830 Ambulance Licensing Requirements

a) Vehicle Design

- 1) Each new vehicle used as an ambulance ~~after April 15, 1997~~ shall comply with the criteria established by the U.S. General Services Administration's Specification for Ambulance (KKK-A-1822D), with the exception of Section 3.16.2, Color, Paint and Finish.
- 2) A licensed vehicle shall be exempt from subsequent vehicle design standards or specifications required by the Department in this part, as long as said vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until said vehicle's title of ownership is transferred. (Section 3.85(b)(8) of the Act)
- 3) The following requirements listed in Specification KKK-A-1822D shall be considered mandatory in Illinois even though they are listed as optional in that publication:
 - A) 3.7.7.1 Each vehicle will be equipped with either a battery

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- charger or battery conditioner (see 3.15.3 item 7).
- B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).
 - C) 3.12.1 An oxygen outlet will be provided above the secondary patient (see 3.15.4 M9).
 - D) 3.15.4M3 Electric clock with sweep second hand will be provided.

- 4) ~~An "End-Stop" device may be placed at the forward edge of the squad bench to prevent the secondary patient from forward motion due to severe braking or in a frontal impact accident when a long backboard is used. This device can be fixed or removable.~~

- b) Equipment Requirements - Basic Life Support Vehicles
Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:
 - 1) Stretchers, Cots, and Litters
 - A) Primary Patient Cot
Must meet the requirements of sections 3.11.5, 3.11.8.1 of KKK-A-1822D.
 - B) Secondary Patient Stretcher
Must meet the requirements of sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822D.
 - 2) Oxygen, portable
Must meet the operational requirements of section 3.12.2 of KKK-A-1822-D.
 - 3) Suction, portable
 - A) Must meet the operational requirements of section 3.12.4 of KKK-A-1822D.
 - B) A manually operated suction device is acceptable if approved by the Department.
 - 4) Medical Equipment
 - A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask ventilation unit with child and infant size transparent masks
 - B) Lower-extremity traction splint, adult and pediatric sizes
 - C) Blood pressure cuff, one each, adult, child and infant sizes and gauge
 - D) Stethoscopes, two each
 - E) Pneumatic counterpressure trouser kit, adult size, optional
 - F) Long spine board with three sets of torso straps, 72" x 16" minimum
 - G) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one each chin and head strap or equivalent vest type (wrap around) extrication device optional
 - H) Airway, oropharyngeal - adult, child, and infant sizes
 - I) Airway, nasopharyngeal with lubrication, sizes 12-30F
 - J) Bandage shears, one each
 - K) Extremity splints, adult, two each long and short
 - L) Extremity splint, pediatric, two each long and short

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- M) Rigid cervical collars - one each, pediatric, small, medium, and large sizes. Shall be made of rigid material to minimize flexation, extension, and lateral rotation of the head and cervical spine when spine injury is suspected
- N) Patient restraints, arm and leg, sets
- 5) Medical Supplies
- A) Trauma dressing - six each
- B) Sterile gauze pads - 20 each, 4 inches by 4 inches
- C) Bandages, soft roller, self-adhering type, ten each, 4 inches by 5 yards
- D) Vaseline gauze - two each, 3 inches by 8 inches
- E) Adhesive tape rolls - two each
- F) Triangular bandages or slings - five each
- G) Burn sheets - two each, clean, individually wrapped
- H) Sterile solution (normal saline) - four each, 500 cc or two each, 1,000 cc plastic bottles or bags
- I) Aluminum foil roll or Silver Swaddler - one each with head cover
- J) Obstetrical kit, sterile - one each, pre-packaged with instruments
- K) Cold packs, three each
- L) Hot packs, three each, optional
- M) Emesis basin - one each
- N) Drinking water - 1 quart, in nonbreakable container; sterile water may be substituted
- O) Ambulance emergency run reports - ten each, on a form prescribed by the Department or one that contains the data elements from the Department-prescribed form as described in Section 515. Appendix E of this Part
- P) Pillows - two each, for ambulance cot
- Q) Pillowcases - two each, for ambulance cot
- R) Sheets - two each, for ambulance cot
- S) Blankets - two each, for ambulance cot
- T) CPR mask - one each, with safety valve to prevent backflow of expired air and secretions
- U) Urinal
- V) Bedpan
- W) Remains bag, optional
- X) Nonporous disposable gloves
- Y) Impermeable red biohazard-labeled isolation bag
- Z) Face protection through any combination of masks and/or eye protection and/or field shields
- AA) Suction catheters - sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three each tonsil tip semi-rigid pharyngeal suction tip catheters; all must have a thumb suction control port
- BB) Child/infant car seat
- CC) Equipment/drug dosage sizing tape or pediatric

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- equipment/drug age/weight chart
- DD) Poison Control Resource Phone Number
- EE) Plastic baby bottle with nipple for glucose feeding
- FF) Flashlight, one each, for patient assessment
- GG) One each adult, child and neonate sized oxygen masks that are semi-open, valveless, transparent and disposable
- HH) Three each nasal cannulas
- c) Equipment Requirements - Intermediate and Advanced Life Support Vehicles
- Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) of this Section and shall also comply with the equipment and supply requirements as determined by the EMS Medical Director in the System in which the ambulance and its crew participate. Drugs shall include both adult and pediatric dosages.
- d) Equipment Requirements - Rescue and/or Extrication
- The following equipment will be carried on the ambulance, unless it is routinely accompanied by a rescue vehicle:
- 1) Wrecking bar, 24"
 - 2) Goggles for eye safety
 - 3) Flashlight - one each, portable, battery operated
 - 4) Fire Extinguisher - 2 each, ABC dry chemical, minimum 5 pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment
- e) Equipment Requirements - Communications Capability
- Each ambulance must have ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400 of this Part.
- f) Personnel Requirements
- 1) Each ambulance shall be staffed by a minimum of two EMTs, Pre-Hospital RNs or physicians on all emergency calls.
 - 2) Each Basic Life Support vehicle using automated defibrillation shall be staffed by a minimum of one EMT-B approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
 - 3) Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one EMT-I, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician. Each ILS vehicle using automated defibrillation shall be staffed by a minimum of one EMT-I approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician. Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one EMT-P, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
 - 4) Each ambulance provider that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care at the scene and

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enroute to a hospital meets the requirements of this Subpart.

g) Operational Requirements

- 1) Any operation of an ambulance while transporting a patient to a hospital shall be done in accordance with the requirements of the Act and this Part.

- 2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as required below, each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS or BLS level, and such coverage will meet the requirements of this Section.

- A) At the time of application for initial or renewal licensure, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.

- i) A current roster shall also be submitted, which lists the EMTs, Pre-Hospital RNs and/or physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, and daytime telephone number, and shall state whether such person is generally scheduled to be on site or on call.

- ii) An actual or proposed four-week staffing schedule shall also be submitted, which covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.

- B) Licensees shall be required to obtain the EMS Medical Director's approval of their vehicles' hours of operation prior to submission to the Department. An EMS Medical Director may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.

- C) A licensee that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in such advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day.

- 3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515.20 Appendix E.

- 4) A licensee shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for such service.

- 5) A licensee shall provide documentation of procedures to be

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followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h) of this Part.)

- 6) A licensee shall operate its ambulance at a level not exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless such vehicle is operated pursuant to an EMS System-approved in-field service level upgrade.

- 7) The Department shall relicense ambulances each year. If the licensee has attained 90 percent compliance with the requirements of this Section on inspections for the five years immediately preceding July 1, 1999 and has no substantiated complaints against it, the Department shall inspect the licensee's ambulances in alternate years, and the licensee shall self-inspect its ambulances in the other years. The Department's inspection form shall be used for self-inspection by the licensee.

- h) A licensee may use a replacement vehicle for up to ten days without a Department inspection provided that the Department is notified of the use of the vehicle by the second working day.

AGENCY NOTE: Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

(Source: Amended at 25 Ill. Reg. 167.8, effective _____)

SUBPART H: TRAUMA CENTERS

Section 515.2030 Level I Trauma Center Designation Criteria

- a) Level I Trauma Centers, under the direction of Level I Trauma Center Medical Directors, shall be responsible for coordinating and managing trauma care in the EMS Region. This responsibility includes obtaining the cooperation of all Level II Trauma Centers, participating Hospitals, and EMS Systems in the EMS Region. A Level I Trauma Center Medical Director shall be the chairperson of the Regional Trauma Advisory Committee.

- b) The Trauma Center Medical Director shall be a trauma surgeon, board certified in surgery, with at least two years of post-residency experience in trauma care and with 24-hour independent operating privileges.

- c) The trauma center shall provide a trauma service, separate from the general surgery service, that is an identified hospital service functioning under the designated director and staffed by trauma surgeons with one year of experience in trauma, and who are available in-house 24 hours a day for immediate response.

- 1) Trauma surgeons shall have 10 hours of trauma-related CME every two years.

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- 2) The trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training with independent operating room privileges and who have current Advanced Trauma Life Support (ATLS) verification.
- 3) If the resident is fulfilling the trauma surgeon requirement, the attending physician must be consulted within 30 minutes after the patient's being classified as Category I or II.
- 4) If the resident is fulfilling the trauma surgeon requirement, it is mandatory that an attending be present 30 minutes after the decision to operate is made.
- 5) The trauma surgeon, resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The trauma surgeon or appropriate subspecialist shall see the patient within 12 hours after Emergency Department (ED) arrival.
- 6) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level I Trauma Center to treat the trauma patient.
- 7) The hospital's quality improvement program shall monitor compliance with this subsection (c).
- 8) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) of this Section. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement. The subspecialist is to arrive within the designated time listed in subsection (d) after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention.
- d) The trauma center shall have the following surgical services within the designated times listed below:
 - 1) On call to arrive at the hospital to treat the patient within 30 minutes after notification that their services are needed at the hospital:
 - A) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a trauma/general surgeon with experience in cardiothoracic surgery for lifesaving procedures; the surgeon must have cardiothoracic privileges;
 - B) Obstetrics; and
 - C) Pediatric surgery as designated by Section 515.2035 of this Part or by transfer agreement.
 - 2) On call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed at the

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- hospital:
- A) Orthopedic;
 - B) Vascular;
 - C) Ophthalmologic;
 - D) Oral-Dental;
 - E) Otorhinolaryngologic;
 - F) Plastic/maxillofacial;
 - G) Urologic;
 - H) Reimplantation service, or a transfer agreement; and
 - I) Neurosurgical. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of the need for operative intervention.
- 3) Twenty-four hours a day, or a transfer agreement:
 - A) Burn center staffed by Registered Nurses trained in burn care; and
 - B) Acute spinal cord injury management.
 - e) The trauma center shall provide the following nonsurgical services within the designated times:
 - 1) Emergency Medicine staffed 24 hours a day in the ED by:
 - A) A physician who has competency in trauma as demonstrated by:
 - i) Board certification or board eligibility by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) of the American Osteopathic Association (AOA); and
 - ii) Ten hours per year of American Medical Association (AMA) or AOA-approved Category I or II trauma-related CME; or
 - B) A physician who was working in the emergency department of a trauma center prior to ~~as of~~ January 1, 2000, and who had completed 12 months of internship, followed by at least 7000 hours of hospital-based Emergency Medicine over at least a 60-month period (including 2800 hours within one 24-month period), and CME totaling 50 hours, 10 of which are related, for each post-internship year in which the physician completed any hospital-based Emergency Medicine hours.
 - 2) Anesthesiology Services:
 - A) The anesthesiology service or department shall be supervised by anesthesiologists. "Supervise", for the purposes of this subsection, means to manage, control and direct the services performed, including being present in the trauma center and immediately available for consultation while the services are being performed.
 - B) Anesthesiology services shall be available 24 hours a day in-house.

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- C) Direct patient care services may be performed by an anesthesiologist or a certified registered nurse anesthetist (CRNA) acting under the direct supervision of an anesthesiologist.
- 3) Radiology staffed by:
- A technician with the ability to perform a computerized axial tomography (CAT) scan in-house, 24 hours a day.
 - A radiologist with the ability to read CAT scans and perform angiography available within 30 minutes. This requirement may be met by a Post Graduate Year (PGY) II radiology resident with six months experience in CAT and angiography. Teleradiographic equipment may be used to transmit CAT scans to radiologists off site in lieu of the radiologists' response to the trauma center to read CAT scans. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography.
- 4) Intensive Care Medicine Unit (ICU) having available 24 hours a day in-house:
- A physician credentialed by the hospital. This requirement may be fulfilled by second and third year residents who have had intensive care training and are under the supervision of a staff physician possessing full intensive care privileges;
 - One Registered Professional Nurse per shift with two years of ICU or critical care experience and four hours of continuing trauma-related critical care continuing education per year; and
- C) The following equipment:
- Airway control and ventilation devices;
 - Oxygen source with concentration controls;
 - Cardiac emergency cart;
 - Electrocardiograph-oscilloscope-defibrillator;
 - Cardiac output monitoring;
 - Electronic pressure monitoring;
 - Mechanical ventilator-respirators;
 - Pulmonary function measuring devices, i.e., pulse oximeter and CO[2] monitoring;
 - Temperature control devices;
 - Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements [77 Ill. Adm. Code 250.2140, 250.2140, and 250.2710];
 - Intracranial pressure monitoring devices; and
 - Intra-aortic balloon pump capability.
- 5) Laboratory 24 hours a day in-house, providing the following:
- Standard analysis of blood, urine, and other body fluids;
 - Blood typing and cross-matching;

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- Coagulation studies;
 - Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements [77 Ill. Adm. Code 250.250, specifically 250.520]);
 - Blood gases and pH determinations;
 - Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
 - Drug and alcohol screening.
- Cardiology -- 60 minutes.
 - Internal Medicine -- 60 minutes.
 - Neurology -- 60 minutes.
 - Pediatrics -- 60 minutes.
 - Postanesthetic recovery capabilities 24 hours a day (may be fulfilled by ICU).
 - Acute hemodialysis capability 24 hours a day.
- 11) The trauma center shall demonstrate an ongoing relationship with its designated organ procurement agency (OPA).
- f) The trauma center shall meet the following professional staff requirements:
- The ED Director shall be a physician board certified by the ABEM or certified by the AOBEM of the AOA;
 - Each shift in the ED will be staffed by at least one Registered Professional Nurse who has completed a Trauma Nurse Specialist (TNS) Course and is currently recognized in good standing as specified in Section 515.750 of this Part. The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for those additional trauma patients must have a minimum of four hours of trauma-related continuing education. A back-up policy shall provide for a nurse with experience evidenced by successful completion of an institution orientation to trauma care in addition to a current Trauma-Nurse-Care-Certification (TNCC) or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained unless a minimum of two TNS-trained RNs are on duty per shift;
 - A full-time Trauma Coordinator shall be dedicated solely to the Trauma Program;
 - An operating room shall be staffed in-house and available 24 hours a day; and
 - Staff shall include occupational therapy, speech therapy, physical therapy, social work, dietary, and psychiatry.
- g) The trauma center shall develop a professional staff competency plan, including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level I Trauma Center must demonstrate the following:

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- 1j) Board certification/Board eligibility in their specialty;
- 2j) Successful completion of trauma-related CME requirements as specified in this Section;
- 3j) Ongoing clinical involvement in the care of the trauma patient as evidenced by the routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
- 4j) Physician specific outcome measurements for high volume/high acuity procedures;
- 5j) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.

hg) The trauma center shall provide and maintain the following equipment:

- 1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, pulse oximetry and CO[2] monitoring;
- 2) Suction devices and equipment (pulmonary and gastric);
- 3) Electrocardiograph-oscilloscope-defibrillator;
- 4) Apparatus to establish central venous pressure monitoring;
- 5) All standard intravenous fluids and administration devices;
- 6) Sterile surgical instruments or sets for emergency care, such as cricothyrotomy, tracheostomy, thoracotomy, thoracostomy, cut down, peritoneal lavage, and intraosseous;
- 7) Drugs and supplies necessary for emergency care;
- 8) X-ray and CAT scan capability;
- 9) Spinal immobilization equipment;
- 10) Temporary pacemaker;
- 11) Temperature control device; and
- 12) Specialized pediatric resuscitation cart with measuring device in the emergency area.

AGENCY NOTE: Broselow(TM) Pediatric Tape will meet this requirement.

ih) The trauma center must have helicopter landing capabilities approved by State and federal authorities. (Section 3.95(i) of the Act) The helicopter landing capabilities shall:

- 1) Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 14, specifically 14.790, 14.792, and 14.795);
- 2) Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the Federal Aviation Act of 1958, and 14 CFR 157 and 14 CFR 77, Subpart D;
- 3) Be provided on the campus of the trauma center; and
- 4) Out-of-state trauma centers are exempt from this subsection but must provide proof of compliance with their state's rules that govern aviation safety.

ij) The trauma center shall perform focused outcome analyses of its trauma services on a quarterly basis, and shall provide on site or upon

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request all minutes related to these reviews to the Department. The analyses shall consist of at least:

- 1) Review of all patient deaths, excluding dead on arrival (DOA). Patients must be assigned a status of non-preventable death, potentially preventable death, preventable death, or cannot be determined, using the American College of Surgeons "Performance Improvement" (Chapter 16, from "Resources for Optimal Care of the Injured Patient, 1999"). Factors contributing to the death must be included in the review. A cumulative report of these findings should be kept on site and available to the Department upon request.
- 2) Review of all morbidities. A morbidity is a negative outcome that is the result of the original trauma and/or treatment rendered or omitted. Factors contributing to the morbidity must be included in the review. A cumulative report of these findings must be presented quarterly to the Region.
- 3) Review of audit filters. An audit filter is a clinical and/or internal resource indicator used to examine the process of care and to identify potential patient care and/or internal resource problems.
- 4) All information contained in or relating to any medical audit performed of a trauma center's trauma services pursuant to the Act or by an EMSMD or his designee of medical care rendered by system personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure. (Section 3.110(a) of the Act)

kj) Every two years the trauma center shall provide written protocols with the redesignation packet, which shall include the following:

- 1) Policies for treating patients in the Level I Trauma Center, which include Trauma Category I and Trauma Category II criteria as required in Section 515. Appendices C and F of this Part;
- 2) Clinical protocols for the management of the trauma patient in basic resuscitation and management of specific injuries, kept on site and available to the Department upon request;
- 3) The protocols for transferring trauma patients to more specialized care;
- 4) A policy that a blood alcohol test will be drawn on any motor vehicle crash victim who is believed to have been the driver of the vehicle; and
- 5) A suspension policy for trauma nurse specialists, meeting due process requirements (see Section 515.2200 420); and-
- 6j) A professional staff competency plan in accordance with subsection (g) of this Section.

lk) Changes to the Trauma Center Plan must be approved by the Department prior to implementation.ml) The practices of the trauma center shall reflect the protocols and policies of the EMS Region and Trauma Center plan.

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- nm) The resuscitation care of a Trauma Category I or Trauma Category II patient must be documented on a Trauma Flow Sheet, which at minimum contains trauma category classification; time and place of classification (field or in-house); time of arrival of patient to trauma center; notification of surgical specialties and time of arrival to see patient (may exclude isolated injuries for Category II patients).
- on) The trauma center shall maintain a job description for the Trauma Center Medical Director that details his/her responsibility and authority for the coordination and management of trauma services.
- po) The trauma center shall maintain a job description for the Trauma Coordinator that details his/her responsibility and authority for the coordination and management of trauma services.
- qp) The trauma service must be identified in the facility's budget, with sufficient funds dedicated to support the trauma director and trauma coordinator's positions and to provide for the operation of the trauma registry.
- rq) The trauma center shall develop a policy that identifies resource limitations that would result in the diversion of a trauma patient to another facility. The hospital shall also develop a policy that identifies what measures will be taken to avoid requesting a resource limitation/bypass (see Section 515.315).
- 1) Such diversion must be reported to the Department by telephone if it occurs during business hours or written notification by fax of diversion must be sent within 24 hours following the diversion.
- 2) Both forms of notification shall include at minimum:
- A) The name of the trauma center;
- B) Date and time of resource limitation; and
- C) The reason for resource limitation.
- se) The trauma center shall develop a plan for implementing a program of public information and education concerning trauma care for adult and pediatric patients.

(Source: Amended at 25 Ill. Reg. 16 3 8 6, effective _____)

Section 515.2035 Level I Pediatric Trauma Center

- a) The Level I Pediatric Trauma Center Director shall advise the Trauma Center Medical Director and shall be a member of the Regional Trauma Advisory Board.
- b) The Pediatric Trauma Center Medical Director shall be board certified in pediatric surgery or be a general surgeon, with at least two years of experience in pediatric trauma care, 10 hours per year of trauma-related continuing medical education (CME), and 24-hour independent operating privileges, as evidenced by:
- 1) care and supervision for 50 pediatric trauma cases per year; and
- 2) ongoing involvement in pediatric trauma care.

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- c) The trauma center shall provide a pediatric trauma service separate from the general surgery service. The pediatric trauma service shall be staffed by pediatric trauma surgeons with one year of experience in pediatric trauma or general surgeons with two years of pediatric trauma care experience, who are available in-house 24 hours a day for immediate response.
- 1) The pediatric trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training with independent operating room privileges for pediatric surgery and who have current Advanced Trauma Life Support (ATLS) verification.
- 2) If the resident is fulfilling the pediatric trauma surgeon requirement, the attending pediatric trauma surgeon must be consulted within 30 minutes after the patient's being classified as Category I or II.
- 3) If the resident is fulfilling the pediatric trauma surgeon requirement, it is mandatory that the attending pediatric trauma surgeon be present for patients undergoing operative procedures by the time the surgery begins.
- 4) The pediatric trauma surgeon, pediatric surgery resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The pediatric trauma surgeon or appropriate subspecialist shall see the patient within 12 hours after the patient arrives in the Emergency Department (ED).
- 5) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level I Pediatric Trauma Center to treat the trauma patient.
- 65) The hospital's quality improvement program shall monitor compliance with this subsection (c).
- 76) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist. That subspecialist is to arrive within the time designated in subsection (d) after the notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.
- d) The trauma center shall provide the following surgical services within the designated times, by physicians credentialed by the hospital to

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provide pediatric care:

- 1) On call to arrive at the hospital to treat the patient within 30 minutes after notification that their services are needed at the hospital:

- A) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a pediatric trauma/general surgeon with experience in pediatric cardiothoracic surgery for lifesaving procedures; the surgeon must have pediatric cardiothoracic privileges; and
- B) Obstetrics, or a transfer agreement.

- 2) On call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed at the hospital:

- A) Orthopedic;
- B) Vascular;
- C) Ophthalmologic;
- D) Oral-dental;
- E) Otorhinolaryngologic;
- F) Plastic/maxillofacial;
- G) Urologic;
- H) Reimplantation service, or a transfer agreement;
- I) Neurosurgery.

- 3) Twenty-four hours a day, or a transfer agreement:

- A) Burn center staffed by registered nurses trained in burn care; and
- B) Acute spinal cord injury management.

- e) The pediatric trauma center shall provide the following nonsurgical services:

- 1) Department of Pediatrics with a designated Board certified pediatrician in the role of chairman.

- 2) Emergency Medicine staffed 24 hours a day in the ED by a physician who is board prepared or certified by the ABEM or by the American Board of Pediatrics and Pediatric Emergency Medicine (ABP/PEM) or AOBEM with two year ongoing involvement in daily pediatric trauma care and 10 hours per year of trauma-related CME.

- 3) Anesthesiology Services:

- A) The anesthesiology service or department shall be supervised by pediatric anesthesiologists. "Supervise," for the purposes of this subsection (e)(3)(A), means to manage, control and direct the services performed, including being present in the trauma center and immediately available for consultation while the services are being performed.

- B) Pediatric anesthesiology services as credentialed by the hospital available 24 hours a day in-house.

- C) Direct patient care services may be performed by a pediatric anesthesiologist or a certified registered nurse anesthetist (CRNA) with experience in pediatric anesthesia acting under

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the direct supervision of a pediatric anesthesiologist.

- 4) Radiology staffed by:

- A) A technician with the ability to perform a computerized axial tomography (CAT) scan in-house, 24 hours a day.

- B) A radiologist with the ability to read CAT scans and perform angiography available within 30 minutes. This requirement may be met by a Post Graduate Year (PGY) II radiology resident with six months experience in CAT and angiography. Teleradiographic equipment may be used to transmit CAT scans to radiologists off site in lieu of the radiologists' response to the trauma center to read CAT scans. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography.

- C) A pediatric radiologist on staff to provide a quality improvement process to validate interpretation of pediatric films.

- 5) Pediatric intensive care unit having available 24 hours a day:

- A) A physician credentialed by the hospital. This requirement may be fulfilled by pediatric or general surgery residents at the second or third year level or by pediatric or surgical critical care fellows who have had pediatric intensive care training and are under the supervision of a staff physician possessing full pediatric intensive care privileges;

- B) One Registered Professional Nurse per shift with pediatric experience-documented-by two years of in pediatric intensive care or critical care experience and four hours of trauma-related continuing pediatric critical care continuing education per year; and

- C) The following pediatric equipment:

- i) Airway control and ventilation devices;
- ii) Oxygen source with concentration controls;
- iii) Cardiac emergency cart;
- iv) Electrocardiograph-oscilloscope-defibrillator;
- v) Cardiac output monitoring;
- vi) Electronic pressure monitoring;
- vii) Mechanical ventilator-respirators;
- viii) Pulmonary function measuring devices, i.e., pulse oximeter oximetry and CO[2] monitoring;
- ix) Temperature control devices;
- x) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements [77 Ill. Adm. Code 2507--specificity 250.1050, 250.2140, and 250.2710]; and

- xi) Intracranial pressure monitoring devices.

- 6) Laboratory 24 hours a day in-house, providing the following:

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- A) Standard analysis of blood and urine, and other body fluids using micro-sampling techniques;
- B) Blood typing and cross-matching;
- C) Coagulation studies;
- D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements, [77 Ill. Adm. Code 250, specificity 250.520]);
- E) Blood gases and pH determinations;
- F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
- G) Toxicology screening.
- 7) A board-certified pediatrician shall be available within 60 minutes after notification.
- 8) Pediatric cardiology 60 minutes after notification.
- 9) Neurology---60-minutes-after-notification;
- 9+0) Postanesthetic recovery capabilities 24 hours a day (may be fulfilled by a pediatric ICU).
- 10+1) Acute hemodialysis capability 24 hours a day.
- 11+2) Open heart capability.
- f) The trauma center shall meet the following professional staff requirements:
- 1) The ED Director shall be a physician board certified by the ABEM or ABP/PEM or certified by the AOBEM;
 - 2) Each shift in the ED shall be staffed by at least one Registered Nurse Specialist Course and is currently recognized in good standing as specified in Section 515.750 of this Part. The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for those additional trauma patients must have a minimum of four hours of trauma-related continuing education. A back-up policy shall provide for a nurse with experience evidenced by successful completion of an institution orientation to trauma care in addition to a current APLS, Pediatric Advanced Life Support (PALS) or Emergency Nurses Pediatric Course (ENPC) or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained;
 - 3) A full-time Trauma Coordinator dedicated solely to the Trauma Program;
 - 4) An operating room shall be staffed in-house and available 24 hours a day; and
 - 5) Staff shall include occupational therapy, speech therapy, physical therapy, social work, child protective services, dietary and pediatric psychiatry.
- g) The Trauma Center shall develop a professional staff competency plan

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- including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level I Pediatric Trauma Center must demonstrate the following:
- 1) Board certification/Board eligibility in their specialty;
 - 2) Successful completion of trauma-related CME requirements as specified in this Section;
 - 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
 - 4) Physician specific outcome measurements for high volume/high acuity procedures;
 - 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.
- hg) The trauma center shall provide and maintain the following equipment:
- 1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, CO[2] monitoring and pulse oximeter;
 - 2) Suction devices and equipment (pulmonary and gastric);
 - 3) Electrocardiograph-oscilloscope-defibrillator, pacemaker;
 - 4) Apparatus to establish central venous pressure monitoring;
 - 5) All standard intravenous fluids and administration devices;
 - 6) Sterile surgical instruments or sets for emergency care, such as cricothyrotomy, tracheostomy, thoracotomy, thoracostomy, cut down, peritoneal lavage, intraosseous;
 - 7) Drugs and supplies necessary for emergency care;
 - 8) X-ray and CAT scan capability;
 - 9) Spinal immobilization equipment;
 - 10) Temperature control devices;
 - 11) Pediatric measuring device;
 - 12) Scale; and
 - 13) Specialized pediatric resuscitation cart with measuring device in the emergency area.
- AGENCY NOTE: Broselow(TM) Pediatric Tape will meet this requirement.
- ih) The trauma service must be identified in the facility's budget, with sufficient funds dedicated to support the trauma director and trauma coordinator positions and to provide for the operation of the trauma registry.
- ij) A--level--I--Trauma-Center-seeking-pediatric-trauma-center-designation shall-meet-requirements-for-designation-as-a-level-I-pediatric-trauma-center-(see-Section-515-2030-of-this-Part)-
- j) A level I Pediatric Trauma Center shall meet the requirements of Section 515.2030(i)-(s)(h)-(r) of this Part.

(Source: Amended at 25 Ill. Reg. 16386, effective

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Section 515.2040 Level II Trauma Center Designation Criteria

- a) A Level II Trauma Center, under the direction of a Level II Trauma Center Medical Director, shall be responsible for providing trauma care in accordance with the EMS System Program Plan.
- b) The Trauma Center Medical Director shall be a trauma surgeon, board certified in surgery, with at least two years of post-residency experience in trauma care and with 24-hour independent operating privileges.
- c) The trauma center shall provide a trauma service, separate from the general surgery service, that is an identified hospital service functioning under the designated director and staffed by trauma surgeons with one year of experience in trauma, and who will arrive at the hospital to treat the trauma patient within 30 minutes after the patient's being classified as a Category I trauma patient.
 - 1) The trauma surgeons shall have 20 hours of trauma-related CME every two years.
 - 2) The trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training and current ATLS verification.
 - 3) If the resident is fulfilling the trauma surgeon requirement, the attending physician must be consulted within 30 minutes after the patient's being classified as Category I or II.
 - 4) If the resident is fulfilling the trauma surgeon requirement, it is mandatory that an attending be present for patients undergoing operative procedures by the time the surgery begins.
 - 5) The trauma surgeon, resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The trauma surgeon or appropriate subspecialist shall see the patient within 12 hours after ED arrival.
 - 6) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level II Trauma Center to treat the trauma patient.
 - 7) The hospital's quality improvement program shall monitor compliance with this subsection (c).
 - 8) The trauma center shall maintain a call schedule that identifies at least a primary and back-up surgeon, each listed by surgeon's name.
 - 9) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) or (e) of this Section. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement. The subspecialist must

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- d) arrive within the time frame listed in subsection (d) or (e) after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention.
- e) The trauma center shall have the following surgical services on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed:
 - 1) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a trauma/general surgeon with experience in cardiothoracic surgery for lifesaving procedures; the surgeon must have cardiothoracic privileges;
 - 2) Orthopedic; and
 - 3) Urologic; and
 - 4) Obstetrics.
- f) The trauma center shall have the following surgical specialties on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of the need for operative intervention. The following services may be provided by written transfer agreement. These services must be provided according to subsection (c)(98) of this Section for isolated injuries when the trauma surgeon is not required to respond:
 - 1) Neurosurgical;
 - 2) Ophthalmologic;
 - 3) Oral-Dental;
 - 4) Otorhinolaryngologic;
 - 5) Replantation;
 - 6) Plastic/Maxillofacial;
 - 7) Burn center staffed by Registered Professional Nurses trained in burn care;
 - 8) Acute spinal cord injury management; and
 - 9) Pediatric surgery as designated by Section 515.2045 of this Part.
- g) The trauma center shall provide the following nonsurgical services within the designated times:
 - 1) Emergency Medicine staffed 24 hours a day in the ED by:
 - A) A physician who has competency in trauma as demonstrated by:
 - i) Board certification or board eligibility by the ABEM or the AOBEM; and
 - ii) Ten hours per year of AMA or AOA-approved Category I or II trauma-related CME; or
 - B) A physician who was working in the emergency department of a trauma center prior to as-of January 1, 2000, and who had

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completed 12 months of internship, followed by at least 7000 hours of hospital-based Emergency Medicine over at least a 60-month period (including 2800 hours within one 24-month period), and CME totaling 50 hours, 10 of which are trauma related for each post-internship year in which the physician completed any hospital-based Emergency Medicine Hours.

- 2) Anesthesiology Services:
 - A) Anesthesiology services shall be in compliance with the Hospital Licensing Act and the Hospital Licensing Requirements, 77 Ill. Adm. Code 250.1410. Staff shall be on call to arrive at the hospital to administer anesthesia within 30 minutes after notification that their services are needed at the hospital.
 - B) Direct patient care services may be performed by an anesthesiologist or a CRNA.
- 3) Laboratory -- 24 hours a day in-house, providing the following:
 - A) Standard analysis of blood, urine, and other body fluids;
 - B) Blood typing and cross-matching;
 - C) Coagulation studies;
 - D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements, 77 Ill. Adm. Code 250.520); specifically--Section 250.520);
 - E) Blood gases and pH determinations;
 - F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
 - G) Drug and alcohol screening.
- 4) Radiology staffed by:
 - A) A technician with the ability to perform a CAT scan available within 30 minutes; and
 - B) A radiologist with the ability to read CAT scans and perform angiography available within 60 minutes. This requirement may be met by a PGY II radiology resident with six months experience in CAT and angiography. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography. Teleradiographic equipment may be used to transmit CAT scans off site in lieu of the radiologist's response to the trauma center to read CAT scans.
- 5) Cardiology -- 60 minutes.
- 6) Internal Medicine -- 60 minutes.
- 7) Neurology---60-minutes-
- 70) Postanesthetic recovery capability staffed and available within 30 minutes may be fulfilled by ICU.
- 89) Intensive Care Medicine Unit having available the following:
 - A) A physician credentialed by the hospital and available within 30 minutes. This requirement may be fulfilled by

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second and third year residents who have had intensive care training and are under the supervision of a staff physician possessing full intensive care privileges;

- B) One Registered Professional Nurse per shift with two years of ICU experience and four hours of trauma-related continuing critical care continuing education per year.

- C) The following equipment:

- i) Airway control and ventilation devices;
- ii) Oxygen source with concentration controls;
- iii) Cardiac emergency cart;
- iv) Electrocardiograph-oscilloscope-defibrillator;
- v) Temperature control devices;
- vi) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements, 77 Ill. Adm. Code 250.1050, 250.2140, and 250.2710);
- vii) Mechanical ventilator-respirators; and
- viii) Pulmonary function measuring devices (i.e., pulse oximeter, eximetry, CO[2] monitoring); and-
- ix) Drugs, intravenous fluids and supplies in accordance with Hospital Licensing Requirements (77 Ill. Adm. Code 250.1050, 250.2140 and 250.2710).

- 9) Pediatrics -- 60 minutes.
- 10) Acute hemodialysis capability 24 hours a day or a transfer agreement.

- g) The trauma center shall meet the following professional staff requirements:

- 1) The ED Director shall be a physician board certified by the ABEM, or certified by the AOBEM of the AOA;
- 2) Each shift in the ED will be staffed by at least one Registered Professional Nurse who has completed a Trauma Nurse Specialist Course and is currently recognized in good standing as specified in Section 515.750 of this Part. The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for those additional trauma patients must have a minimum of four hours of trauma-related continuing education. A back-up policy shall provide for a nurse with experience evidenced by TNCC or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained unless a minimum of two TNS-trained RNs are on duty per shift;
- 3) A full-time Trauma Coordinator dedicated solely to the Trauma program;
- 4) An operating room shall be staffed and available within 30 minutes 24 hours a day; and
- 5) Staff shall include occupational therapy, speech therapy,

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- physical therapy, social work, dietary, and psychiatry.
- h) The trauma center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level II Trauma Center must demonstrate the following:
- 1) Board certification/Board eligibility in their specialty;
 - 2) Successful completion of trauma-related continuing medical education (CME) requirements as specified in this Section;
 - 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
 - 4) Physician specific outcome measurements based on the frequency and acuity of procedures or other peer review measures pertinent to the facility trauma patient volume;
 - 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.
- i) The trauma center shall provide and maintain the following equipment:
- 1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, pulse oximeter oximetry and CO[2] monitoring;
 - 2) Suction device;
 - 3) Electrocardiograph-oscilloscope-defibrillator;
 - 4) Apparatus to establish central venous pressure monitoring;
 - 5) All standard intravenous fluids and administration devices;
 - 6) Sterile surgical sets of procedures standard for ED, such as cricothyrotomy, tracheostomy, thoracotomy, cut down, peritoneal lavage, and intraosseous;
 - 7) Drugs and supplies necessary for emergency care;
 - 8) X-ray and CAT scan capability, available within 30 minutes;
 - 9) Spinal immobilization equipment;
 - 10) Temporary pacemaker;
 - 11) Temperature control device; and
 - 12) Specialized pediatric resuscitation with measuring device cart in the emergency area.
- AGENCY NOTE: A Broselow(TM) Tape will meet this requirement.
- j) The trauma center must have helicopter landing capabilities approved by State and federal authorities. (Section 3.100(j) of the Act) The helicopter landing capabilities shall:
- 1) Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 147--specificity--Sections 14.790, 14.792 and 14.795);
 - 2) Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the Federal Aviation Act of 1958, and 14 CFR 157 and 14 CFR 77, Subpart D; and
 - 3) Be provided on the campus of the trauma center.

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- Out-of-state trauma centers are exempted from this subsection (j) but must comply with their state's rules that govern aviation safety.
- k) The trauma center shall perform focused outcome analyses of its trauma services on a quarterly basis and shall provide all minutes related to these reviews on site or at the request of the Department. The analyses shall consist of at least:
- 1) Review of all patient deaths, excluding dead on arrival (DOA). Patients must be assigned a status of non-preventable death, or cannot be potentially preventable death, or preventable death, or cannot be determined, using the American College of Surgeons "Performance Improvement" (Chapter 19, from "Resources for the Optimal Care of the Injured Patient, 1999"). Factors contributing to the death must be included in the review. A cumulative report of these findings shall be available on site and upon request by the Department.
 - 2) Review of all morbidities. A morbidity is a negative outcome that is the result of the original trauma and/or treatment rendered or omitted. Factors contributing to the morbidity must be included in the review. A cumulative report of these findings must be presented quarterly to the Region.
 - 3) Review of audit filters. An audit filter is a clinical and/or internal resource indicator used to examine the process of care and to identify potential patient care and/or internal resource problems.
 - 4) All information contained in or relating to any medical audit performed of a trauma center's trauma services pursuant to the Act, or by an EMSMD or his designee of medical care rendered by system personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure. (Section 3.110(a) of the Act)
- l) Every two years the trauma center shall provide to the Department written protocols concerning the following:
- 1) Policies for treating patients in the trauma center, which includes Trauma Category I and Trauma Category II criteria as required in Section 515. Appendices C and F of this Part;
 - 2) Clinical protocols for management of the trauma patient in basic resuscitation and management of specific injuries. Protocols are to be kept on site and available to the Department upon request;
 - 3) The transfer of trauma patients to the Level I Trauma Center serving the EMS Region or a more specialized level of care;
 - 4) A policy that blood alcohol will be drawn on a motor vehicle crash victim who is believed to have been the driver of the vehicle;
 - 5) A suspension policy for trauma nurse specialists meeting due process requirements (see Section 515.2200 420).
 - 6) A professional staff competency plan in accordance with subsection (k) of this Section.

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mb) Changes to the Trauma Center Plan must be approved by the Department prior to implementation.

nm) The practices of the trauma center shall reflect the protocols and policies of the EMS Region and Trauma Center Plan.

on) The resuscitation care of a Trauma Category I or Trauma Category II patient must be documented on a Trauma Flow Sheet, which at minimum contains trauma category classification; time and place of classification (field or in-house); time of arrival of patient to trauma center; notification of surgical specialties and time of arrival to see patient (may exclude isolated injuries for Category II patients).

po) The trauma center shall maintain a job description for the Trauma Center Medical Director, which details his/her responsibility and authority for the coordination and management of trauma services.

qp) The trauma center shall maintain a job description for the Trauma Coordinator, which details the responsibility and authority for the coordination and management of trauma services.

rq) The trauma service must be identified in the facility's budget with sufficient funds dedicated to support, at a minimum, the trauma director and trauma coordinator positions and to provide for operation of the trauma registry.

sr) The trauma center shall develop a policy that identifies situations that would result in trauma bypass. The hospital shall also develop a policy that identifies what measures will be taken to avoid requesting a resource limitation/bypass (see Section 515.315).

1) Such diversion must be reported to the Department by telephone if it occurs during business hours or written notification by fax of diversion must be sent within 24 hours following the diversion.

2) Both forms of notification shall include at minimum:

A) The name of the trauma center;

B) Date and time of resource limitation; and

C) The reason for resource limitation.

ts) The trauma center shall develop a plan for implementing a program of public information and education concerning trauma care for adult and pediatric patients.

(Source: Amended at 25 Ill. Reg. 16386, effective 1/1/2011)

Section 515.2045 Level II Pediatric Trauma Center

a) The Level II Pediatric Trauma Director shall advise the Trauma Center Medical Director and shall be a member of the Regional Trauma Advisory Board.

b) The Pediatric Trauma Center Medical Director shall be a ~~pediatric trauma surgeon or a~~ board certified in pediatric surgery or be a general surgeon, with at least two years of experience in pediatric trauma care, ~~board-certification-in-pediatric-surgery~~ at least one

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~~year-of--experience--in--pediatric-trauma-care~~, and have 10 hours per year of trauma-related CME, and 24-hour independent operating privileges, as evidenced by either:

1) responsibility for 50 pediatric trauma cases per year; or

2) both:

A) responsibility for 10 percent of the total number of pediatric trauma cases at the trauma center per year; and

B) ongoing involvement in pediatric trauma care.

c) The trauma center shall provide a pediatric trauma service separate from the general surgery service. The pediatric trauma service shall be staffed by pediatric trauma surgeons who have one year of experience in trauma, who have 24-hour independent operating privileges, and who will arrive at the hospital to treat the trauma patient within 30 minutes after the patient's being classified as a Category I trauma patient.

1) The pediatric trauma surgeon requirement may be fulfilled by residents with a minimum of four years of pediatric surgery residency training and who have current ATLS verification.

2) If the resident is fulfilling the pediatric trauma surgeon requirement, the attending pediatric trauma surgeon must be consulted within 30 minutes after the patient's being classified as Category I or II.

3) If the resident is fulfilling the pediatric trauma surgeon requirement, it is mandatory that the attending pediatric trauma surgeon be present for Category I patients undergoing operative procedures by the time the surgery begins.

4) The pediatric trauma surgeon, pediatric surgery resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The pediatric trauma surgeon or appropriate subspecialist shall see the patient within 12 hours after ED arrival.

5) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level II Pediatric Trauma Center to treat the trauma patient.

65) The hospital's quality improvement program shall monitor compliance with this subsection (c).

76) The trauma center shall maintain a call schedule that identifies at least a primary and back-up pediatric surgeon with each surgeon listed by name.

87) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) or (e) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist. That subspecialist is to arrive within the time designated in subsection (d) after the notification that his or

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her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.

d) The trauma center shall provide the following surgical services by physicians who are credentialed by the hospital to provide pediatric care, and who are on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed:

- 1) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a pediatric trauma/general surgeon with experience in pediatric cardiothoracic surgery for lifesaving procedures; the surgeon must have pediatric cardiothoracic privileges;
- 2) Obstetrics;
- 3) Orthopedic; and
- 4) Urologic.

e) The trauma center shall have the following surgical specialties by physicians who are credentialed by the hospital to provide pediatric care and who are on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed. These services may be provided by written transfer agreement. These services must be provided according to subsection (c)(7) of this Section for isolated injuries when the trauma surgeon is not required to respond:

- 1) Neurosurgical with two years experience in pediatric neurosurgery;
- 2) Ophthalmologic;
- 3) Oral-dental;
- 4) Otorhinolaryngologic;
- 5) Reimplantation;
- 6) Plastic/maxillofacial;
- 7) Burn center staffed by registered nurses trained in burn care; and
- 8) Acute spinal cord injury management.

f) The pediatric trauma center shall provide the following nonsurgical services within the designated times:

- 1) Emergency Medicine staffed 24 hours a day in the ED by a physician who is board prepared or certified by the ABEM, ABP/PEM or AOBEM with two-year ongoing involvement in daily pediatric trauma care, and 10 hours per year of trauma-related CME.
- 2) Anesthesiology Services:
 - A) Anesthesiology services shall be in compliance with the Hospital Licensing Act and the Hospital Licensing Requirements [77 Ill. Adm. Code 250.1410]. Staff shall be

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on call to arrive at the hospital to administer anesthesia within 30 minutes after notification that their services are needed at the hospital.

B) Direct patient care services may be performed by an anesthesiologist or a CRNA with experience in pediatric anesthesia under the direct supervision of an anesthesiologist.

3) Laboratory 24 hours a day in-house, providing the following:

- A) Standard analysis of blood, urine, and other body fluids;
- B) Blood typing and cross-matching;
- C) Coagulation studies;
- D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements [77 Ill. Adm. Code 250.7 specifically-Section 250.520]);
- E) Blood gases and pH determinations;
- F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
- G) Toxicology screening.

4) Department of Pediatrics with board certified pediatrician in the role of Chairman, and a board certified pediatrician shall be available within 60 minutes after notification that his or her services are needed.

5) Radiology staffed by:

- A) A technician with the ability to perform a CAT scan available within 30 minutes after notification;
- B) A radiologist with the ability to read CAT scans and perform angiography available within 60 minutes. This requirement may be met by a PGY II radiology resident with six months experience in CAT and angiography. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography. Teleradiographic equipment may be used to transmit CAT scans off site in lieu of the radiologist's response to the trauma center to read CAT scans; and
- C) A pediatric radiologist on staff to provide a quality improvement process to validate interpretation of pediatric films.

6) Pediatric cardiology 60 minutes after notification.

7) Neurology-

78) Postanesthetic recovery capability staffed and available within 30 minutes (may be fulfilled by pediatric ICU).

89) ICU having available the following:

- A) A physician credentialed by the hospital and available within 30 minutes. This requirement may be fulfilled by second and third year residents who have had intensive care training and are under the supervision of a staff physician

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possessing full intensive care privileges;

B) One Registered Professional Nurse per shift in the ICU, with pediatric experience documented by two years in pediatric ICU or critical care and four hours of trauma related continuing pediatric critical care continuing education per year; and

C) The following pediatric equipment 24 hours a day in-house:

- i) Airway control and ventilation devices;
- ii) Oxygen source with concentration controls;
- iii) Pulse oximeter and CO[2] monitoring;
- iv) Cardiac emergency cart;
- v) Electrocardiograph-oscilloscope-defibrillator;
- vi) Temperature control devices;
- vii) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements, [77 Ill. Adm. Code 2507---specifically---Sections 250.1050, 250.2140, and 250.2710]; and
- viii) Mechanical ventilator-respirators.

9) Acute hemodialysis capability 24 hours a day, or a transfer agreement.

g) The trauma center shall meet the following professional staff requirements:

1) The ED Director shall be a physician board certified by the ABEM, AOBEM, or ABP/PEM.

2) Each shift in the ED will be staffed by at least one Registered Professional Nurse who has completed a Trauma Nurse Specialist Course as specified in Section 515.750 of this Part and Advanced Pediatric Life Support (APLS). The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for these additional trauma patients must have a minimum of four hours of trauma-related continuing education. A back-up policy shall provide for a nurse with experience evidenced by APLS, Pediatric Advanced Life Support (PALS) or Emergency Nurses Pediatric Course (ENPC) or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained.

3) A full-time Trauma Coordinator, dedicated solely to the trauma program.

4) An operating room shall be staffed and available within 30 minutes, 24 hours a day.

5) Staff shall include occupational therapy, speech therapy, social work, child protective services and psychiatry.

h) The trauma center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level II Pediatric Trauma Center must demonstrate the

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following:

- 1) Board certification/Board eligibility in their specialty;
- 2) Successful completion of trauma-related CME requirements as specified in this Section;
- 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation on one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
- 4) Physician specific outcome measurements based on the frequency and acuity of procedures or other peer review measures pertinent to the facility trauma patient volume;
- 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an APLS provider course.

ih) The trauma center shall provide and maintain the following equipment:

- 1) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, CO[2] monitoring, and pulse oximeter;
- 2) Suction device;
- 3) Electrocardiograph-oscilloscope-defibrillator, pacemaker;
- 4) Apparatus to establish central venous pressure monitoring;
- 5) All standard intravenous fluids and administration devices;
- 6) Sterile surgical sets of procedures standard for ED, such as cricothyrotomy, tracheostomy, thoracotomy, cut down, peritoneal lavage, intraosseous;
- 7) Drugs and supplies necessary for emergency care;
- 8) X-ray and CAT scan capability, available within 30 minutes;
- 9) Spinal immobilization equipment;
- 10) Temperature control devices;
- 11) Pediatric measuring device;
- 12) Scale; and
- 13) Specialized pediatric resuscitation cart with measuring device in the emergency area.

AGENCY NOTE: Broselow(TM) Pediatric Tape will meet this requirement.

ji) The trauma service must be identified in the facility's budget, with sufficient funds dedicated to support the trauma director and trauma coordinator positions and to provide for the operation of the trauma registry.

jj) A--Bevel--if--Trauma--Center--seeking-designation-as-a-Pediatric-Trauma-Center--shall-be-designated-as-a-Bevel--if-Pediatric-Trauma-Center--

k) For additional requirements for Level II Pediatric Trauma Centers, see Section 515.2040.

l) A Level II Pediatric Trauma Center shall meet the requirements of Section 515.2030(i)-(s){t} of this Part.

(Source: Amended at 25 Ill. Reg. 16386, effective _____)

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Section 515.2050 Trauma Center Uniform Reporting Requirements

- a) Each trauma center shall have available to the Trauma Service use of an IBM compatible personal computer capable of handling the software contracted by the Department and that meets the following general standards: CPU 80586, 200 MHz, RAM 32MB, hard drive 1GB, floppy drive 3 1/2" CD-ROM ED-ROM 20x 2x, color VGA, inkjet ink or laser printer, 57.6 Baud Modem, software to support the trauma registry program, and backup capability ~~remote support software~~. The Department shall provide Trauma Registry software for use by the trauma center. This software shall be used for data collection and shall have a provision to prepare electronic media reports to the Department on a quarterly basis.

~~AGENCY NOTE: For example, Windows-95--N/A--would--support--the--trauma registry--and--pcAnywhere--would--provide--remote--support.~~

- b) The trauma center shall provide the following information on each reportable trauma patient:

- 1) Trauma hospital number
- 2) Trauma hospital level of care
- 3) Trauma registry number
- 4) Crash record number
- 5) Pre-hospital record number
- 6) Medical record number
- 7) Last name
- 8) First name
- 9) Middle initial
- 10) ED arrival date
- 11) EMS region
- 12) Birth date
- 13) Age
- 14) Sex
- 15) Race
- 16) Injury date
- 17) Injury time
- 18) Home address
- 19) Home city
- 20) Home state
- 21) Home country
- 22) Home zip code
- 23) Federal Information Processing Standard (FIPS) home
- 24) Scene address
- 25) Scene city
- 26) Scene state
- 27) Scene zip code
- 28) FIPS scene
- 29) International Classification of Diseases (ICD)-9CM codes and effective dates, including E-codes, N-codes, P-codes with location date, time and physician (number code) performing

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procedure, and V-codes

- 30) School related injury
- 31) Work related injury
- 32) Safety equipment
- 33) Vehicle seat position
- 34) Date arrived at transferring hospital
- 35) Time arrived at transferring hospital
- 36) Initial Glasgow Coma Score (GCS) total at transferring hospital
- 37) Initial respiration rate at transferring hospital
- 38) Initial temperature at transferring hospital
- 39) Initial temperature scale at transferring hospital
- 40) Initial temperature method at transferring hospital
- 41) Admission/surgery at transferring hospital
- 42) Transferring hospital number
- 43) Transferring vehicle number
- 44) Transport vehicle highest level of care
- 45) Date discharged from transferring hospital
- 46) Time discharged from transferring hospital
- 47) Pre-hospital dispatch time
- 48) Pre-hospital scene arrival date
- 49) Pre-hospital scene arrival time
- 50) Pre-hospital patient contact time
- 51) Pre-hospital scene depart time
- 52) Pre-hospital scene minutes-calculated
- 53) Pre-hospital transport minutes-calculated
- 54) Pre-hospital vehicle number
- 55) Pre-hospital initial GCS total
- 56) Pre-hospital systolic pressure
- 57) Pre-hospital pulse
- 58) Pre-hospital respiratory rate
- 59) Pre-hospital revised trauma score
- 60) Pre-hospital pediatric trauma score
- 61) Pre-hospital triage criteria as referenced in Section 515.Appendix C
- 62) Pre-hospital run sheet on chart
- 63) ED arrival date
- 64) ED arrival time
- 65) Minimum trauma field triage criteria-in-house assessment as referenced in Section 515.Appendix C
- 66) Category - level of trauma care activation (I, II, other)
- 67) Category - location of trauma activation
- 68) Category - initial time trauma activation declared
- 69) Category - trauma grade change
- 70) Category - initial time of trauma category grade change
- 71) ED physician, trauma surgeon, assistant surgeon, neurosurgeon and consulting physician code numbers, and notification and ED arrival times
- 72) ED blood alcohol

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- 73) ED drug screen-therapeutic and self-administered
 74) ED initial eye, verbal, motor and total Glasgow Coma Scores
 75) ED initial systolic pressure
 76) ED initial respiratory rate and assessment qualifier
 77) ED initial pulse rate
 78) ED initial temperature
 79) ED initial temperature scale
 80) ED initial temperature method/rate
 81) ED trauma score revised
 82) ED pediatric trauma score
 83) Breakdown score for pediatric trauma score
 84) Pediatric resuscitation tape-height and weight
 85) ED minutes prior to head computerized tomography (CT)
 86) ED cervical clearance
 87) ED discharge date
 88) ED discharge/depart time
 89) ED minutes
 90) ED disposition
 91) ED reason for transfer
 92) ED disposition death
 93) Admitting service
 94) Date of first operation
 95) Time of first operation
 96) Complications
 97) Unanticipated operation
 98) Blood products, including auto-transfusion
 99) Total ICU days
 100) Total monitored bed days
 101) Total ventilator days
 102) In-patient consult
 103) Injury severity score (ISS)
 104) ISS calculation
 105) Abbreviated injury score for each injury with description and AIS revision and effective year
 106) Trauma Score/Injury Severity Score (TRISS) survival probability
 107) Discharge disposition
 108) Transferred to (facility number)
 109) Hospital discharge date
 110) Total hospital days
 111) Discharge expression, feeding and locomotion capabilities as determined by the functional independence measure (FIM)
 112) Organ donor status
 113) Hospital charges
 114) Hospital payment source
 115) Clean/complete record
 116) DNR status
 17) Registry-Number

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- 27) Medical-Record-Number
 37) Name-(first-and-last)
 47) Address-City-State-County-and-Zip-Code
 57) EMS-Region
 67) Age
 77) Sex
 87) Race
 97) Mechanism-of-Injury--(International-Classification-of-Disease (ICD)-9-E-codes---4-digits)
 107) Safety-Equipment
 117) Hospital-Transfer-From-and-Hospital-Transfer-To
 127) Vehicle-Number-for-all-Transporting-Agencies
 137) Transport-mode
 137) Run-Sheet
 147) Date-Arrived-At-Scene-(only-for-when-pre-hospital-transport-is involved)
 157) ED-Arrival-Date
 167) ED-Disposition-Date
 177) Glasgow-Coma-Scale-Components-(Eye-Motor-Verbal-and-Total)-in ED
 187) First-Temperature-in-ED
 197) ED-Blood-Pressure-Pulse-Respiratory-Rate
 207) ED-Revised-Trauma-Score
 217) ED-Triage-Category
 227) Minimum-Field-Triage-Criteria
 237) ED-Treatment
 247) Blood-Alcohol-level-in-all-drivers-in-motor-vehicle-crashes
 257) Blood-Units-Administered
 267) Physician-Type-Notification-Time-Arrival-Time
 277) Admitting-Service
 287) Medical-Complications
 297) Total-ICU-Days-Monitored-Bed-Days-and-Unmonitored-Bed-Days
 307) Number-of-Ventilator-Days
 317) Surgery-Performed-Surgery-Date
 327) Additional-Surgeries
 337) Abbreviated-Injury-Scale-for-each-injury
 347) Injury-Severity-Score-(ISS)-range-1-75
 357) Primary-Pay-Source
 367) Discharge-Condition-and-Date
 377) Total-Hospital-Days
 387) Crash-Record-Number
 397) Pre-Hospital-Record-Number
 407) Injury-Date-and-Time
 417) System-Access
 427) Scene-FIPS-Code
 437) Work-Related
 447) Date-Arrived-at-Transferring-Hospital
 457) Time-Arrived-at-Transferring-Hospital

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46) Glasgow-Coma-Scale-at-Transferring-Hospital;
 47) Systolic-Blood-Pressure-at-Transfer-In-Hospital;
 48) Respiratory-Rate-at-Transfer-In-Hospital;
 49) Care-at-Transfer-In-Hospital;
 50) Gate-Out-of-Transfer-Hospital;
 51) Time-Out-of-Transfer-Hospital;
 52) Pre-Hospital-Response-Minutes;
 53) Pre-Hospital-Scene-Minutes;
 54) Pre-Hospital-Transportation-Minutes;
 55) Pre-Hospital-Glasgow-Total;
 56) Pre-Hospital-Systolic-Blood-Pressure;
 57) Pre-Hospital-Respiratory-Rate;
 58) Emergency-Department-Arrival-Time;
 59) Drug-Screen;
 60) Emergency-Department-Glasgow-Coma-Scale-Total;
 61) Minutes-Prior-to-CT-Scan;
 62) Admit-to-Physician-Number;
 63) Time-of-First-Operation;
 64) ICD-9-CM-Procedure-Codes;
 65) Unanticipated-Operation;
 66) Return-to-Operating-Room;
 67) ICD-9-Nature-of-Injury-Codes-000-959;
 68) Scene-City-Address-Hip-Code;
 69) Vehicle-Position-of-Driver;
 70) Pre-Hospital-Patient-Contact-Time;
 71) Emergency-Department-Triage-Time;
 72) Emergency-Department-Reason-for-Transfer;
 73) Emergency-Department-Disposition-Deaths;
 74) Medical-Complications;
 75) Hospital-Discharge-Disposition;
 76) Expression;
 77) Feeding;
 78) Bocomotion;
 79) Total-Hospital-Charges;

c) Reportable trauma patients

- 1) A reportable trauma patient is one who was involved in a traumatic event and:
- A) was transferred to the trauma center from another hospital;
 - B) was transferred from the trauma center to another hospital;
 - C) was admitted to the trauma center as an inpatient;
 - D) was assigned an observation status and had a length of stay greater than 12 hours from time of arrival in the ED;
 - E) was dead on arrival (DOA);
 - F) died in the emergency department (DIE); or
 - G) signed out against medical advice after refusing admission (AMA).
- 2) A traumatic event is one in which there was a transfer of energy resulting in injury, involving any of the following:

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- A) aircraft;
 - B) watercraft;
 - C) motor vehicles;
 - D) railway;
 - E) recreational vehicles;
 - F) farm machinery;
 - G) animals, including bites;
 - H) explosion;
 - I) falls;
 - J) thermal (including smoke inhalation)/chemical/radiation injuries;
 - K) lightning;
 - L) weather related (tornado, flood, blizzard) injuries;
 - M) struck by falling object;
 - N) sports related;
 - O) caught between objects;
 - P) cutting or piercing instruments or objects;
 - Q) firearms;
 - R) electric current;
 - S) suicide or self-inflicted injury;
 - T) homicide;
 - U) injury inflicted by others;
 - V) hanging; or
 - W) strangulation.
- d) Illinois trauma registry reporting schedule
- | Patients Discharged | Report Date |
|---------------------|--------------|
| January - March | June 30 |
| April - June | September 30 |
| July - September | December 31 |
| October - December | March 31 |

- e) The trauma center shall have a policy to back up and archive data on a regular basis.
 - f) Data collected from individual trauma centers shall be cross-referenced with Vital Records Death Certificates to confirm accuracy.
 - g) Annual reports shall be prepared by the Department presenting summary data to allow trauma centers to evaluate performance. This data shall have all hospital and patient identifiers removed.
 - h) All data received by the Department shall be kept confidential. Patient identifiers shall be kept in such a way to assure that confidentiality is maintained and is not available to the public.
- 1) All reports and records made pursuant to the Head and Spinal Cord Injury Act [410 ILCS 515] and maintained by the Department and other appropriate persons, officials and institutions pursuant to the Head and Spinal Cord Injury Act shall be confidential. Information shall not be made available to any individual or

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institution except to:

- A) *Appropriate staff of the Department;*
- B) *Any person engaged in a bona fide research project, with the permission of the Director of Public Health, except that no information identifying the subjects of the reports or the reporters shall be made available to researchers unless the Department requests and receives consent for such release pursuant to the provisions of this Section; and*
- C) *The Advisory Council on Spinal Cord and Head Injuries, except that no information identifying the subjects of the reports or the reporters shall be made available to the Council unless consent for release is requested and received pursuant to the provisions of this Section. Only information pertaining to head and spinal cord injuries as defined in Section 1 of the Head and Spinal Cord Injury Act shall be released to the Council. (Section 3 of the Head and Spinal Cord Injury Act)*
- 2) *The Department shall not reveal the identity of a patient, physician or hospital, except that the identity of the patient may be released upon written consent of the patient, parent or guardian, the identity of the physician may be released upon written consent of the physician, and the identity of the hospital may be released upon written consent of the hospital. (Section 3 of the Head and Spinal Cord Injury Act)*
- 3) *The Department shall request consent for release from a patient, a physician or hospital only upon a showing by the applicant for such release that obtaining the identities of certain patients, physicians or hospitals is necessary for his bona fide research directly related to the objectives of the Head and Spinal Cord Injury Act. (Section 3 of the Head and Spinal Cord Injury Act)*

i) Availability of Registry Information

- 1) All requests by medical or epidemiologic researchers for confidential registry data must be submitted in writing to the registry. The request must include a study protocol that contains: objectives of the research; rationale for the research, including scientific literature justifying current proposal; overall study methods, including copies of forms, questionnaires, and consent forms used to contact facilities, physicians or study subjects, including methods for documenting compliance with 42 CFR 2A, pars. 4 ambulance, 6 a-b, 7 a-bl; methods for the processing of data; storage and security measures taken to ensure confidentiality of patient identifying information; time frame of the study; a description of the funding source of the study (e.g., federal contract); the curriculum vitae of the principal investigator; and a list of collaborators. In addition, the research request must specify what patient or facility identifying information is needed and how the information will be used.

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- 2) All requests to conduct research and modifications to approved research proposals involving the use of data that includes patient or facility identifying information shall be subject to a review to determine compliance with the following conditions:
 - A) The request for patient or facility identifying information contains stated goals or objectives;
 - B) The request documents the feasibility of the study design in achieving the stated goals and objectives;
 - C) The request documents the need for the requested data to achieve the stated goals and objectives;
 - D) The requested data can be provided within the time frame set forth in the request;
 - E) The request documents that the researcher has qualifications relevant to the type of research being conducted;
 - F) The research will not duplicate other research already underway using the same registry data when both require the contact of a patient, reporting facility or physician about an individual patient involved in the previously approved concurrent research; and
 - G) Other such conditions relevant to the need for the patient or facility identifying information and the patient's confidentiality rights, because the Department will only release the name of the patient, physician (in accordance with the provisions of this Section) or facility identifying information that is necessary for the research.
- 3) Research Agreements
 - A) The Department will enter into research contracts for all approved research requests. These contracts shall specify exactly what information is being released and how it can be used in accordance with the standards in subsection (c) of this Section. In addition, the researcher shall include an assurance that:
 - i) Use of data is restricted to the specifications of the protocol;
 - ii) Any and all data that may lead to the identity of any patient, research subject, physician, other person, or hospital is strictly privileged and confidential and that such data will be kept strictly confidential at all times;
 - iii) All officers, agents and employees will keep all such data strictly confidential; will communicate the requirements of this subsection to all officers, agents, and employees; will discipline all persons who may violate the requirements of this Section; and will notify the Department in writing within 48 hours after any violation of this subsection, including full details of the violation and corrective actions to be taken;

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- iv) All data provided by the Department pursuant to the contract may only be used for the purposes named in the contract and that any other or additional use of the data may result in immediate termination of the contract by the Department; and
- v) All data provided by the Department pursuant to the contract is the sole property of the Department and may not be copied or reproduced in any form or manner and that all data and all copies and reproduction of the data will be returned to the Department upon termination of the contract.
- B) Any departures from the approved protocol must be submitted in writing and approved by the Director in accordance with subsection (c)(2) of this Section prior to initiation. No patient or facility identifying information may be released by a researcher to a third party.
- 4) The Department shall disclose individual patient or facility information to the reporting facility that originally supplied that information to the Department, upon written request of the facility.
- j) The patient identifying information submitted to the Department by those entities required to submit information under the Act and this Part is to be used in the course of medical study under Part 21 of Article 8 of the Code of Civil Procedure [735 ILCS 5]. Therefore, this information is privileged from disclosure by Part 21 of Article 8 of the Code of Civil Procedure.
- k) The identity of any facility, or any group of facts that tends to lead to the identity of any person whose condition or treatment is submitted to the Department, shall not be open to public inspection or dissemination. Such information shall not be available for disclosure, inspection or copying under the Freedom of Information Act or the State Records Act. All information for specific research purposes may be released in accordance with procedures established by the Department in this Section.
- l) Every hospital shall provide representatives of the Department with access to information from all medical, pathological, and other pertinent records and logs related to reportable registry information. The mode of access and the time during which this access will be provided shall be by mutual agreement between the hospital and the Department. The Department shall not require hospitals to provide information on cases that are dated more than two years before the Department's request for further information.
- m) Every hospital shall provide access to information regarding specified patients or other patients specified for research studies, related to reportable registry information, conducted by the Department. Any disputes as to access shall be resolved by the hospital and the Department within 30 days after requests for access have been denied.

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(Source: Amended at 25 Ill. Reg. 1638, effective _____)

Section 515.2200 Suspension Policy for Trauma Nurse Specialist Certification

- a) The responsible nursing administrator may recommend suspension of a TNS certification pending due process or may immediately suspend the TNS certification.
- b) Except as allowed in subsection (j) of this Section, the responsible nursing administrator shall provide the TNS with a written explanation of the reason for the suspension; the terms, length, and condition of the suspension; and the date the suspension will commence, unless a hearing is requested. The procedure for requesting a hearing within 15 days through the Local System Review Board shall be provided to the TNS.
- c) Failure to request a hearing within 15 days shall constitute a waiver of the right to a Local System Review Board hearing.
- d) The trauma center shall designate the Local Review Board, consisting of at least three members, one of whom is the Trauma Nurse Specialist or Course Coordinator (TNSCC) or hospital trauma coordinator, one of whom is a Trauma Nurse Specialist in a staff nurse position, and one of whom is a Registered Professional Nurse in an administrative position. The hearing shall commence as soon as possible but at least within 21 days after receipt of a written request. The trauma center shall arrange for a certified shorthand reporter to make a stenographic record of that hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the Local Review Board's written decision shall be retained in the custody of the trauma center. The trauma center shall implement the decision of the Local Review Board unless that decision has been appealed to the State Emergency Medical Services Disciplinary Review Board.
- f) The Local Review Board shall state in writing its decision to affirm, modify or reverse the suspension order. Such a decision shall be sent via certified mail or personal service to the responsible nursing administrator and the TNS who requested the hearing within five business days after the conclusion of the hearing.
- g) The responsible nursing administrator shall notify the Department, in writing, within five business days after the Board's decision to either uphold, modify, or reverse the suspension of the individual. The notice shall include a statement detailing the duration and grounds for suspension.
- h) If the Local Review Board affirms, reverses or modifies the responsible nursing administrator's suspension order, the TNS shall have an opportunity for review of the Local Board's decision by the State Emergency Medical Services Disciplinary Review Board.
- i) Requests by the TNS for review by the EMS Disciplinary Review Board shall be submitted in writing to the Chief of the Department's

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Division of Emergency Medical Services and Highway Safety within 10 days after receiving the Local Review Board's decision or the responsible nursing administrator's suspension order, whichever is applicable.

- i) A responsible nursing administrator may immediately suspend an individual if he or she finds that the information in his or her possession indicates that the continuation in practice by the Trauma Nurse Specialist would constitute an imminent danger to the trauma patient. The suspended Trauma Nurse Specialist shall be issued an immediate verbal notification followed by a written suspension order from the responsible nursing administrator, which states the length, terms and basis for the suspension.

1) Within 24 hours following the commencement of the suspension, the responsible nursing administrator shall deliver to the Department, by messenger or telefax, a copy of the suspension order, including any written materials that relate to the responsible nursing administrator's decision to suspend the Trauma Nurse Specialist.

2) Within 24 hours following commencement of the suspension, the suspended Trauma Nurse Specialist may deliver to the Department, by messenger or telefax, a written response to the suspension order, including any written materials that the Trauma Nurse Specialist believes relate to that response.

3) Within 24 hours following receipt of the responsible nursing administrator's suspension order or the Trauma Nurse Specialist's written response, whichever is later, the Director or Director's designee shall determine whether the suspension should be stayed pending the Trauma Nurse Specialist's opportunity for hearing or review, or whether the suspension should continue during the course of that hearing or review. The Director or the Director's designee shall issue this determination to the responsible nursing administrator, who shall immediately notify the suspended Trauma Nurse Specialist. The suspension shall remain in effect during this period of review by the Director or the Director's designee.

(Source: Added at 25 Ill. Reg. 16386, effective _____)

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Section 515.APPENDIX A A Request for Designation (RFD) Trauma Center

- a) Name and address of hospital (typed)

- 1) Check the designation level(s) for which your hospital is applying:

____ Level I

____ Level II

____ Level I Pediatric

____ Level II Pediatric

- 2) The above named facility certifies that each requirement listed in this Request for Designation is met and will be operational by the date of designation.

____ Typed name CEO/Administrator

____ Signature CEO/Administrator Date

____ Typed name Trauma Director

____ Signature Trauma Director Date

____ Contact person and phone

- b) Level I Designation Criteria

Provide a Trauma Plan that explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the

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standards of medical care. (Section 3.185 of the Act) The Trauma Plan must be submitted in the order listed in this Appendix A, subsection (b). Each section of the Plan must be referenced by the applicable portion of this Part by subsection number (e.g., the subsections referenced in this subsection (b)).

1) Table of Organization

- A) Board of Directors
- B) Chief Executive Officer
- C) Department of Surgery
- D) Trauma Service
- E) Department of Medicine
- F) Department of Radiology
- G) Emergency Medicine
- H) Rehabilitation Department, including Occupational Therapy, Speech Therapy, and Physical Therapy
- I) Social Services
- J) Dietary
- K) Department of Psychiatry

2) Review the requirements in Section 515.2030(a) and (b) for the Trauma Director. Submit a curriculum vitae for the Trauma Director.

3) Review the criteria in Section 515.2030(c)(1) for all general and trauma surgeons. Complete Appendix G.

4) Review requirements in Section 515.2030(c)(2)-(6) for resident coverage. If residents are used, submit documentation to substantiate this requirement. Otherwise, submit a statement that residents are not used.

5) Review requirements in Section 515.2030(c)(7) for treatment of isolated injuries. Submit documentation to substantiate this requirement.

6) Review requirements in Section 515.2030(d)(1)(A)-(C) for physicians to be on call to arrive at the hospital within 30 minutes after notification that their services are needed at the hospital. Submit documentation to substantiate this requirement. Review requirements in Section 515.2030(d)(2)(A)-(I) for on-call physicians to arrive at the hospital to treat the patient within 60 minutes. Submit documentation to substantiate this requirement.

8) Review requirements in Section 515.2030(d)(3)(A) and (B) for burn care and acute spinal cord injury. Submit documentation to substantiate this requirement.

9) Review criteria for Emergency Physicians in Section 515.2030(e)(1)(A)(i) and (ii) and (B). Submit Appendix H.

10) Review criteria in Section 515.2030(e)(2)(A)-(C) for Anesthesiology Services. Submit documentation to substantiate this requirement.

11) Review criteria in Section 515.2030(e)(3)(A) and (B) for Radiology. Submit documentation to substantiate this

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requirement.

12) Review criteria in Section 515.2030(e)(4)(A) for Intensive Care Unit physician coverage. Submit documentation to substantiate this requirement.

13) Review criteria in Section 515.2030(e)(4)(B) for ICU nurse coverage. Submit documentation to substantiate this requirement.

14) Review the ICU equipment list in Section 515.2030(e)(4)(C)(i)-(xii). Submit a statement that the trauma center maintains that ICU equipment.

15) Review the Laboratory requirements in Section 515.2030(e)(5)(A)-(G). Submit a statement that the trauma center meets the Laboratory requirements.

16) Review Cardiology requirement in Section 515.2030(e)(6). Submit documentation to substantiate this requirement.

17) Review Internal Medicine requirement in Section 515.2030(e)(7). Submit documentation to substantiate this requirement.

18) Review requirement for Pediatrics in Section 515.2030(e)(9). Submit documentation to substantiate this requirement.

19) Review requirement in Section 515.2030(e)(9) for Postanesthetic Recovery. Submit documentation to substantiate this requirement.

20) Review requirement in Section 515.2030(e)(10) for Acute Hemodialysis capability in-house 24 hours a day. Submit documentation to substantiate this requirement.

21) Review criteria in Section 515.2030(e)(11). Submit documentation to substantiate this requirement.

22) Review criteria in Section 515.2030(f)(1) for Emergency Department Director. Submit a curriculum vitae.

23) Review criteria in Section 515.2030(f)(2) for Trauma Nurse Specialists. Submit documentation to substantiate this requirement.

24) Review criteria in Section 515.2030(f)(3) for a full time Trauma Coordinator. Submit documentation to substantiate this requirement.

25) Review criteria in Section 515.2030(f)(4) for Operating Room. Submit documentation to substantiate this requirement.

26) Review criteria in Section 515.2030(f)(5) for additional facility staff (Occupational Therapy, Speech Therapy, Physical Therapy, Social Service, Dietary, and Psychiatry). Submit documentation to substantiate this requirement for each of these services.

27) Review criteria in Section 515.2030(g)(1)-(5) for a professional staff competency plan. Submit documentation to substantiate this requirement.

28) Review the trauma center equipment list in Section 515.2030(h)(1)-(12). Submit a statement that the trauma center maintains that equipment.

29) Review helicopter landing requirements in Section 515.2030(i)(1)-(4). Submit a statement regarding the helicopter landing.

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- 30) Review requirements in Section 515.2030(j)(1)-(4) for trauma center focused outcome analysis. Submit documentation to substantiate this requirement.
- 31) Review policies in Section 515.2030(k)(1) for treating patients. Submit documentation to substantiate this requirement.
- 32) Review criteria in Section 515.2030(k)(2) for clinical protocols. Submit a statement that the trauma center will keep clinical protocols for management of trauma patients on site.
- 33) Review the transfer criteria in Section 515.2030(k)(3). Submit documentation to substantiate this requirement.
- 34) Review the blood alcohol policy criteria in Section 515.2030(k)(4). Submit documentation to substantiate this requirement.
- 35) Review criteria in Section 515.2030(k)(5) regarding Trauma Nurse Specialist suspension.
- 36) Review criteria in Section 515.2030(k)(6) for a professional staff competency plan. Submit documentation to substantiate this requirement.
- 37) Review criteria in Section 515.2030(l) regarding trauma plan approval by the Department. Submit a statement that the trauma center will receive approval on changes to the Trauma Plan before implementing.
- 38) Review the requirement in Section 515.2030(m) for the practices of the Trauma Center to reflect the protocols of the EMS Region and Trauma Center plan. Submit a statement that the practices of the Trauma Center reflect the protocols of the EMS Region and Trauma Center plan.
- 39) Review the Trauma Flow Sheet criteria in Section 515.2030(n). Submit a Trauma Flow Sheet.
- 40) Review criteria in Section 515.2030(o) for the Trauma Center Medical Director job description. Submit a job description.
- 41) Review criteria in Section 515.2030(p) for the Trauma Coordinator job description. Submit job description.
- 42) Review the criteria in Section 515.2030(q) for the trauma service to be supported in the facility budget. Submit documentation to substantiate this requirement.
- 43) Review resource limitation criteria in Section 515.2030(r)(1) and (2)(A)-(C). Submit documentation to substantiate this requirement.
- 44) Review the criteria for public information and education in Section 515.2030(s). Submit documentation to substantiate this requirement.
- 45) Review the criteria in Section 515.2050(a) for computer software. Submit documentation to substantiate this requirement.
- 46) Review reporting schedule data in Section 515.2050(d). Submit documentation to substantiate this requirement.
- 47) Review the criteria for archiving data in Section 515.2050(e). Submit documentation to substantiate this requirement.

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- c) Level I Pediatric Trauma Center Designation Criteria, Section 515.2035 Provide a Trauma Plan that explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care. (Section 3.185 of the Act) The Trauma Plan must be submitted in the order listed in this Appendix A, subsection (c). Each section of the Plan must be referenced by the applicable portion of this Part by subsection number (e.g., the subsections referenced in this subsection (c)).
- 1) Table of Organization
- A) Board of Directors
 - B) Chief Executive Officer
 - C) Department of Pediatric Surgery
 - D) Trauma Service
 - E) Department of Pediatrics
 - F) Department of Radiology
 - G) Emergency Medicine
 - H) Rehabilitation Department, including Occupational Therapy, Speech Therapy, and Physical Therapy.
 - I) Social Services
 - J) Dietary
 - K) Department of Psychiatry
- 2) Review the criteria in Section 515.2035(a) and (b)(1) and (2) for the Pediatric Trauma Director. Submit a curriculum vitae.
- 3) Review the criteria in Section 515.2035(c) for the Pediatric Trauma/General Surgeons. Submit documentation to substantiate this requirement.
- 4) Review requirements in Section 515.2035(c)(1)-(4) for resident coverage. Submit documentation to substantiate this requirement if residents are not used. Otherwise, submit a statement that residents are not used.
- 5) Review criteria in Section 515.2035(c)(6) for physician competency. Submit documentation to substantiate this requirement.
- 6) Review requirements in Section 515.2035(c)(7) for treatment of isolated injuries. Submit documentation to substantiate this requirement.
- 7) Review requirements in Section 515.2035(d)(1)(A) and (B) for physicians to be on call to arrive at the hospital within 30 minutes or provide the service by transfer agreement. Submit documentation to substantiate this requirement.
- 8) Review requirements in Section 515.2035(d)(2)(A)-(I) for on-call physicians to arrive at the hospital to treat the patient within 60 minutes. Submit documentation to substantiate this requirement.
- 9) Review requirements in Section 515.2035(d)(3)(A)-(B) for burn

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care and acute spinal cord injury. Submit documentation to substantiate this requirement.

10) Review the criteria in Section 515.2035(e)(1) for Department of Pediatrics. Submit documentation to substantiate this requirement.

11) Review the criteria in Section 515.2035(e)(2) for Emergency Physicians. Submit Appendix J.

12) Review criteria in Section 515.2035(e)(2)(A)-(C) for Anesthesiology Services. Submit documentation to substantiate this requirement.

13) Review criteria in Section 515.2035(e)(4)(A)-(C) for Radiology. Submit documentation to substantiate this requirement.

14) Review criteria in Section 515.2035(e)(5)(A) for Intensive Care Unit physician coverage. Submit documentation to substantiate this requirement.

15) Review criteria in Section 515.2035(e)(5)(B) for ICU nurse coverage. Submit documentation to substantiate this requirement.

16) Review the ICU equipment list in Section 515.2035(e)(5)(C)(i)-(xi). Submit a statement that the trauma center maintains that ICU equipment.

17) Review the Laboratory requirements in Section 515.2035(e)(6)(A)-(G). Submit a statement that the trauma center meets the laboratory requirements.

18) Review requirement in Section 515.2035(e)(7) for board certified pediatrician to be available in 60 minutes. Submit documentation to substantiate this requirement.

19) Review Pediatric Cardiology requirement in Section 515.2035(e)(8). Submit documentation to substantiate this requirement.

20) Review requirement in Section 515.2035(e)(9) for Postanesthetic Recovery, which may be fulfilled by ICU. Submit documentation to substantiate this requirement.

21) Review requirement in Section 515.2035(e)(10) for Acute Hemodialysis capability 24 hours a day. Submit documentation to substantiate this requirement.

22) Review requirement in Section 515.2035(e)(11) for Open Heart capability. Submit documentation to substantiate this requirement.

23) Review criteria in Section 515.2035(f)(1) for Emergency Department Director. Submit a curriculum vitae.

24) Review criteria in Section 515.2035(f)(2) for Trauma Nurse Specialists. Submit documentation to substantiate this requirement.

25) Review criteria in Section 515.2035(f)(3) for a full-time Trauma Coordinator. Submit documentation to substantiate this requirement.

26) Review criteria in Section 515.2035(f)(4) for Operating Room. Submit documentation to substantiate this requirement.

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27) Review criteria in Section 515.2035(f)(5) for additional facility staff (Occupational Therapy, Speech Therapy, Physical Therapy, Social Service, Child Protective Services, Nutrition and Pediatric Psychiatry). Submit documentation to substantiate this requirement for each of these services.

28) Review criteria in Section 515.2035(g)(1)-(5) for a professional staff competency plan. Submit documentation to substantiate this requirement.

29) Review the trauma center equipment list in Section 515.2035(h)(1)-(13). Submit a statement that the trauma center maintains that equipment.

30) Review budget requirements in Section 515.2035(i). Submit documentation to substantiate this requirement.

31) Review requirements for Level I, Section 515.2030(i)-(s). Submit policies for each.

d) Level II Designation Criteria, Section 515.2040

Provide a Trauma Plan that explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement, or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care. (Section 3.185 of the Act) The Trauma Plan must be submitted in the order listed in this Appendix A, subsection (d). Each section of the Plan must be referenced by the applicable portion of this Part by subsection number (e.g., the subsections referenced in this subsection (c)).

1) Table of Organization

A) Board of Directors

B) Chief Executive Officer

C) Department of Surgery

D) Trauma Service

E) Department of Medicine

F) Department of Radiology

G) Emergency Medicine

H) Rehabilitation Department, including Occupational Therapy,

Speech Therapy, and Physical Therapy

I) Social Services

J) Dietary

K) Department of Psychiatry

2) Review the requirements in Section 515.2040(a) and (b) for the Trauma Director. Submit a curriculum vitae.

3) Review the criteria in Section 515.2040(c)(1) for all General and Trauma Surgeons. Complete Appendix G.

4) Review requirements in Section 515.2040(c)(2)-(5) for resident coverage. Submit documentation to substantiate this requirement if residents are used. Otherwise, submit a statement that residents are not used.

5) Review the requirement in Section 515.2040(c)(6) for a physician

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- competency plan. Submit documentation to support this requirement.
- 6) Review the requirement in Section 515.2040(c)(8) for a call schedule. Submit documentation to substantiate this requirement.
- 7) Review the requirements in Section 515.2040(c)(9) for treatment of isolated injuries. Submit documentation to substantiate this requirement.
- 8) Review requirements in Section 515.2040(d)(1)-(4) for physicians to be on call to arrive at the hospital within 60 minutes after notification that their services are needed at the hospital. Submit documentation to substantiate this requirement.
- 9) Review requirements in Section 515.2040(e)(1)-(9) for on-call physicians to arrive at the hospital to treat the patient within 60 minutes or provide the service by transfer agreement. Submit documentation to substantiate this requirement.
- 10) Review criteria in Section 515.2040(f)(1)(A)(i) and (ii) and (B) for Emergency Physicians. Submit Appendix H.
- 11) Review criteria in Section 515.2040(f)(2)(A) and (B) for Anesthesiology Services. Submit documentation to substantiate this requirement.
- 12) Review the Laboratory requirements in Section 515.2040(f)(3)(A)-(G). Submit a statement that the trauma center meets the Laboratory requirements.
- 13) Review criteria in Section 515.2040(f)(4)(A) and (B) for Radiology. Submit a policy.
- 14) Review criteria in Section 515.2040(f)(5) for Cardiology. Submit documentation to substantiate this requirement.
- 15) Review criteria in Section 515.2040(f)(6) for Internal Medicine. Submit documentation to substantiate this requirement.
- 16) Review criteria in Section 515.2040(f)(7) for Postanesthetic Recovery. Submit documentation to substantiate this requirement.
- 17) Review criteria in Section 515.2040(f)(8)(A) for Intensive Care Unit physician coverage. Submit documentation to substantiate this requirement.
- 18) Review criteria in Section 515.2040(f)(8)(B) for ICU nurse coverage. Submit documentation to substantiate this requirement.
- 19) Review the ICU equipment list in Section 515.2040(f)(8)(C)(i)-(ix). Submit a statement that the Trauma Center maintains that ICU equipment.
- 20) Review requirement for Pediatrics in Section 515.2040(f)(9). Submit documentation to substantiate this requirement.
- 21) Review requirement in Section 515.2040(f)(10) for Acute Hemodialysis capability in-house 24 hours a day. Submit documentation to substantiate this requirement.
- 22) Review criteria in Section 515.2040(g)(1) for Emergency Department Director. Submit a curriculum vitae.
- 23) Review criteria in Section 515.2040(g)(2) for Trauma Nurse Specialists. Submit documentation to substantiate this

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- requirement.
- 24) Review criteria in Section 515.2040(g)(3) for a full time Trauma Coordinator. Submit a job description.
- 25) Review criteria in Section 515.2040(g)(4) for Operating Room. Submit documentation to substantiate this requirement.
- 26) Review criteria in Section 515.2040(g)(5) for additional facility staff (Occupational Therapy, Speech Therapy, Physical Therapy, Social Service, Dietary, and Psychiatry). Submit a policy for each of these services.
- 27) Review the trauma center equipment list in Section 515.2040(h)(1)-(12). Submit a statement that the trauma center maintains that equipment.
- 28) Review helicopter landing requirements in Section 515.2040(j)(1)-(3). Submit a statement regarding the helicopter landing.
- 29) Review requirements in Section 515.2040(k)(1)-(4) for Trauma Center focused outcome analysis. Submit documentation to substantiate this requirement.
- 30) Review policies in Section 515.2040(l)(1) for policies for treating patients. Submit documentation to substantiate this requirement.
- 31) Review criteria in Section 515.2040(l)(2) for clinical protocols. Submit a statement that the trauma center will keep clinical protocols for management of trauma patients on site.
- 32) Review the transfer criteria in Section 515.2040(l)(3). Submit documentation to substantiate this requirement.
- 33) Review the blood alcohol policy criteria in Section 515.2040(l)(4). Submit documentation to substantiate this requirement.
- 34) Review criteria regarding Trauma Nurse Specialist suspension in Section 515.2040(l)(5). Submit documentation to substantiate this requirement.
- 35) Review criteria in Section 515.2040(h) regarding professional staff competency plan. Submit documentation to substantiate this requirement.
- 36) Review criteria in Section 515.2040(m) regarding Trauma Plan approval by the Department. Submit a statement that the Trauma Center will receive approval on changes to the Trauma Plan before implementing.
- 37) Review the requirement in Section 515.2040(n) for the practices of the Trauma Center to reflect the protocols of the EMS Region and Trauma Center plan. Submit a statement that the practices of the Trauma Center reflect the protocols of the EMS Region and Trauma Center plan.
- 38) Review the Trauma Flow Sheet criteria in Section 515.2040(o). Submit a Trauma Flow Sheet.
- 39) Review criteria in Section 515.2040(p) for the Trauma Center Medical Director job description. Submit a job description.

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- 40) Review criteria in Section 515.2040(q) for the Trauma Coordinator job description. Submit job description.
- 41) Review the criteria in Section 515.2040(r) for the Trauma Service to be supported in the facility budget. Submit documentation to substantiate this requirement.
- 42) Review resource limitation criteria in Section 515.2040(s). Submit documentation to substantiate this requirement.
- 43) Review the criteria for public information and education in Section 515.2040(t). Submit documentation to substantiate this requirement.
- 44) Review the criteria in Section 515.2050(a) for computer software. Submit documentation to substantiate this requirement.
- 45) Review reporting data schedule in Section 515.2050(d). Submit documentation to substantiate this requirement.
- 46) Review the criteria for archiving data in Section 515.2050(e). Submit documentation to substantiate this requirement.

e) Level II Pediatric Trauma Center Designation Criteria, Section 515.2045

Provide a Trauma Plan that explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care. (Section 3.185 of the Act) The Trauma Plan must be submitted in the order listed in this Appendix A, subsection (e). Each section of the Plan must be referenced by the applicable portion of this Part by subsection number (e.g., the subsections referenced in this subsection (e)).

1) Table of Organization

- A) Board of Directors
- B) Chief Executive Officer
- C) Department of Pediatric Surgery
- D) Trauma Service
- E) Department of Pediatric Medicine
- F) Department of Radiology
- G) Emergency Medicine
- H) Rehabilitation Department, including Occupational Therapy, Speech Therapy, and Physical Therapy.
- I) Social Services
- J) Dietary
- K) Department of Psychiatry
- 2) Review the criteria in Section 515.2045(a) and (b)(1) and (2)(A) and (B) for the Pediatric Trauma Director. Submit a curriculum vitae.
- 3) Review the criteria in Section 515.2045(c) for the Pediatric Trauma/General Surgeons. Submit documentation to substantiate this requirement.
- 4) Review requirements in Section 515.2045(c)(1)-(4) for resident

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- coverage. Submit documentation to substantiate this requirement if residents are used. Otherwise, submit a statement that residents are not used.
- 5) Review requirements in Section 515.2045(c)(7) for primary and back-up call schedule.
- 6) Review requirements in Section 515.2045(c)(8) for treatment of isolated injuries. Submit documentation to substantiate this requirement.
- 7) Review requirements in Section 515.2045(d)(1)-(4) for physicians to be on call to arrive at the hospital within 60 minutes. Submit documentation to substantiate this requirement.
- 8) Review requirements in Section 515.2045(e)(1)-(8) for on-call physicians to arrive at the hospital to treat the patient within 60 minutes or provide the service by transfer agreement. Submit documentation to substantiate this requirement.
- 9) Review the criteria in Section 515.2045(f)(1) for Emergency Physicians. Submit Appendix J.
- 10) Review criteria in Section 515.2045(f)(2)(A) and (B) for Anesthesiology Services. Submit documentation to substantiate this requirement.
- 11) Review the Laboratory requirements in Section 515.2045(f)(3)(A)-(G). Submit documentation to substantiate this requirement.
- 12) Review criteria in Section 515.2045(f)(4) for a Department of Pediatrics. Submit documentation to substantiate this requirement.
- 13) Review criteria in Section 515.2045(f)(5)(A)-(C) for Radiology. Submit documentation to substantiate this requirement.
- 14) Review criteria in Section 515.2045(f)(6) for Pediatric Cardiology. Submit documentation to substantiate this requirement.
- 15) Review requirement in Section 515.2045(f)(7) for Postanesthetic Recovery. Submit documentation to substantiate this requirement.
- 16) Review criteria in Section 515.2045(f)(8)(A) for Intensive Care Unit physician coverage. Submit documentation to substantiate this requirement.
- 17) Review criteria in Section 515.2045(f)(8)(B) for ICU nurse coverage. Submit documentation to substantiate this requirement.
- 18) Review the ICU equipment list in Section 515.2045(f)(8)(C)(i)-(viii). Submit a statement that the trauma center maintains that ICU equipment.
- 19) Review requirement in Section 515.2045(f)(9) for Acute Hemodialysis capability 24 hours a day. Submit documentation to substantiate this requirement.
- 20) Review criteria in Section 515.2045(g)(1) for Emergency Department Director. Submit a curriculum vitae.
- 21) Review criteria in Section 515.2045(g)(2) for Trauma Nurse Specialists. Submit documentation to substantiate this

DEPARTMENT OF PUBLIC HEALTH

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requirement.

- 22) Review criteria in Section 515.2045(q)(3) for a full-time Trauma Coordinator. Submit a job description.
- 23) Review criteria in Section 515.2045(q)(4) for Operating Room. Submit documentation to substantiate this requirement.
- 24) Review criteria in Section 515.2045(q)(5) for additional facility staff (Occupational Therapy, Speech Therapy, Social Service, Child Protective Services and Pediatric Psychiatry). Submit documentation to substantiate this requirement for each of these services.
- 25) Review the trauma center equipment list in Section 515.2045(i)(1)-(13). Submit a statement that the trauma center maintains that equipment.
- 26) Review the criteria in Section 515.2045(j) for trauma service to be identified in the facility's budget. Submit documentation to substantiate this requirement.
- 27) Review helicopter landing requirements in Section 515.2040(j)(1)-(3). Submit a statement regarding the helicopter landing.
- 28) Review requirements in Section 515.2040(k)(1)-(4) for a focused outcome analysis. Submit documentation to substantiate this requirement.
- 29) Review criteria in Section 515.2040(l)(2) for clinical protocols. Submit a statement that the trauma center will keep protocols for management of trauma patients on site.
- 30) Review the criteria in Section 515.2040(m) regarding trauma plan approval by the Department. Submit a statement that the trauma center will receive approval on changes to the trauma plan before implementing.
- 31) Review the Trauma Flow Sheet criteria in Section 515.2040(o). Submit a Trauma Flow Sheet.
- 32) Review criteria in Section 515.2040(p) for the Trauma Center Medical Director job description. Submit a job description.
- 33) Review criteria in Section 515.2040(q) for the Trauma Coordinator job description. Submit job description.
- 34) Review criteria in Section 515.2040(r) for the trauma service to be supported in the facility budget. Submit documentation to substantiate this requirement.
- 35) Review resource limitation criteria in Section 515.2040(s). Submit documentation to substantiate this requirement.
- 36) Review criteria for public information and education in Section 515.2040(t). Submit documentation to substantiate this requirement.

a) Name and address of hospital (typed)

1) Specify the designation level for which your hospital is applying:

- A) Level I
B) Level II

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- 2) The above named facility certifies that each requirement listed in this Request for Designation is met and will be operational by the date of designation:
Typed name CEO/Administrator
Signature CEO/Administrator--Date
Typed name Trauma Director
Signature Trauma Director--Date
Contact person and phone
- b) Level I Designation Criteria
Provide a Trauma Plan which explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care (Section 3-105 of the Act). The Trauma Plan must be submitted in the order listed in this Appendix A. Each section of the Plan must reference the applicable portion of this Part by subsection number.
1) Table of Organization
Construct a Table of Organization to show the administrative relationships among all departments in the hospital especially as they relate to the trauma service. In addition, please include a separate table that shows the structure of the trauma service. The table must include but is not limited to:
A) Board of Directors
B) Chief Executive Officer
C) Department of Surgery
D) Trauma Service
E) Department of Medicine
F) Department of Radiology
G) Emergency Department
H) Rehabilitation Department
I) Trauma Director Requirements
A) Job Description (Section 515.2030(n))
B) Curriculum Vitae (Section 515.2030(b))
3) Surgical Services
A) Description of the Trauma Service (Section 515.2030(c))
B) Complete Appendix G to describe the trauma surgeon staffing and availability.
C) If general surgery residents are used to fulfill the trauma surgeon requirement, provide a statement regarding the level of training, ARES verification, independent operating room privileges and supervision and oversight.
D) Provide a statement regarding the ability to meet the requirements for surgical services in Section 515.2030(d)(1) and (2). Each surgical service must have a separate statement.

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- 4) Non-surgical services and professional staff
- A) Emergency Department Director---Provide board certification (Section 515-2030(f)(1)).
- B) Emergency---Physicians---Complete---Appendix---H---(Section 515-2030(f)(1)(A)).
- C) Emergency---Medicine---Registered---Nurse---and---Trauma---Nurse Specialty---requirements---(Section 515-2030(f)(2))---Provide a statement that describes the staffing.
- B) Anesthesiology services---Provide a statement that describes the staffing---(Section 515-2030(f)(2)).
- B) Radiology staff---Describe---(Section 515-2030(f)(3)).
- F) Intensive Care---Medicine---Unit---Describe---bed availability (who has authority to move patients out to allow for admission of new patients, physician responsible for trauma patients, use of residents and nursing staffing---(Section 515-2030(f)(4)(A) and (B)). Provide a statement regarding the ability to meet the intensive care unit equipment requirements---(Section 515-2030(f)(4)(B)).
- G) Laboratory---Provide a statement regarding the ability to meet the requirements---(Section 515-2030(f)(5)).
- H) Other staffing and services---Provide a statement regarding the ability to meet requirements---(Section 515-2030(f)(6) and (f)(3) and (f)(4) and (f)(5)).
- 5) Equipment---Provide a statement regarding the trauma center's ability to provide and maintain the equipment listed in Section 515-2030(g)(1) and (2).
- 6) Helicopter landing---Provide documentation to substantiate the requirements are being met---(Section 515-2030(h)(1) and (4)).
- 7) Medical Audits---Provide the trauma center plan to perform outcome analysis as described in Section 515-2030(i)(1) and (3).
- 8) Written protocols---Provide protocols as follows:
- A) Protocols and policies for treating patient---(Section 515-2030(j)(1) and (2) and (4) and (5)).
- B) Minimum Trauma Field Triage Criteria---(Section 515-Appendix G).
- C) In-house triage policy---(Section 515-Appendix F).
- B) Transferring patient to more specialized care---(Section 515-2030(j)(3) and Section 515-1060(f)).
- 9) Trauma Flow Sheet---Provide a copy of the facility flow sheet---(Section 515-2030(m)).
- 10) Resource limitation policy that meets the requirements of Section 515-2030(q)(1) and (2).
- 11) Trauma---Center---Uniform---Reporting---Requirements---(Section 515-2050(a)(4)). Provide a statement which includes:
- the equipment available to meet the requirements
 - staff committed to support the registry reporting requirement
 - process used to identify reportable cases

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- commitment to meet reporting deadlines
- software to be used for reporting
- c) Level II Designation Criteria
- Provide a Trauma Plan which explains how each of the requirements will be met. Options include provision of services in house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care. (Section 5105 of the Act). Each section of the Trauma Plan must reference the applicable portion of this Part by subsection number.
- 1) Table of Organization
- Construct a Table of Organization to show the administrative relationships among all departments in the hospital, especially as they relate to the trauma service. In addition, please include a separate table that shows the structure of the trauma service. The table must include but is not limited to:
- A) Board of Directors
- B) Chief Executive Officer
- C) Department of Surgery
- D) Trauma Service
- E) Department of Medicine
- F) Department of Radiology
- G) Emergency Department
- 2) Trauma Director Requirements
- A) Job Description---(Section 515-2040(o)).
- B) Curriculum Vitae---(Section 515-2040(b)).
- 3) Surgical Services
- A) Description of the Trauma Service---(Section 515-2040(c)(1) and (5)).
- B) Complete Appendix G to describe the trauma surgeon staffing and availability.
- C) If general surgery residents are used to fulfill the trauma surgeon requirement, provide a statement regarding the level of training, ABS verification, independent operating room privileges, and supervision and oversight.
- B) Provide a statement regarding the ability to meet the requirements for surgical services in Section 515-2040(d)(1) and (4) and (e)(1) and (6) and (9). Each surgical service must have a separate statement.
- 4) Non-surgical services and professional staff
- A) Emergency---Physicians---Complete---Appendix---H---(Section 515-2040(f)(1)).
- B) Emergency---Medicine---Registered---Nurse---and---Trauma---Nurse Specialty---requirements---(Section 515-2040(g)(2))---Provide a statement that describes the staffing.
- C) Anesthesiology services---Provide a statement that describes the staffing---(Section 515-2040(f)(2)).

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- 15) Summary and Purpose of Amendments: The rules describe the reporting requirements to the Department of Public Health of maternal deaths by health care providers. The amendments change the definition of "maternal death" to the death of a woman dying of any cause while pregnant or within one year (instead of 90 days) after the termination of the pregnancy. This change is being made at the request of the National Center for Health Statistics in order to create a model US Standard Death Certificate.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Peggy Snyder
Department of Public Health
Division of Legal Services
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761-0001
(217) 782-2043
(rules@idph.state.il.us)

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH

PART 657
MATERNAL DEATH REVIEW

Section	
657.10	Definition of Maternal Death
657.20	Reporting of Maternal Death
657.30	Time Limit on Reporting
657.40	Confidentiality of Records

AUTHORITY: Implementing and authorized by Part 21 of Article VIII of the Code of Civil Procedure [735 ILCS 5/Art. VIII, Part 21], the Illinois Health Statistics Act [410 ILCS 520], and the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310].

SOURCE: Adopted and codified at 7 Ill. Reg. 287, effective December 22, 1982; amended at 25 Ill. Reg. 15491, effective .

Section 657.10 Definition of Maternal Death

Maternal Death is the death of any woman dying of any cause whatsoever while pregnant or within one year after 90-days-of the termination of the pregnancy, irrespective of the duration of the pregnancy at the time of the termination or the method by which it was terminated.

(Source: Amended at 25 Ill. Reg. 15491, effective)

Section 657.20 Reporting of Maternal Death

In the event of a maternal death and when requested in writing by the Illinois Department of Public Health, any hospital, any coroner or medical examiner, or any other health care provider, having contact with the deceased ~~and when requested-in-writing-by-the-Department-of--Public--Health~~, shall provide one complete copy of pertinent medical records, including the autopsy report, to the ~~Illinois~~ Department of ~~Public-Health~~.

(Source: Amended at 25 Ill. Reg. 15491, effective)

Section 657.30 Time Limit on Reporting

~~The~~ All-such medical records and autopsy report pertinent to the maternal death shall be provided to the Department within 30 days ~~after of receipt~~₁ by the hospital, coroner, ~~medical examiner~~₂, or health care provider₃ of ~~the~~

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Department's a written request ~~from the Department~~.

(Source: Amended at 25 Ill. Reg. 16491, effective

Section 657.40 Confidentiality of Records

The Department of Public Health will keep all records confidential pursuant to federal law, Part 21 of Article VIII of the Code of Civil Procedure [735 ILCS 5/Art. VIII, Part 21], and Section 5 of the Illinois Health Statistics Act [410 ILCS 520/5].

(Source: Amended at 25 Ill. Reg. 16491, effective

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1) Heading of the Part: Electricity Excise Tax Law

2) Code Citation: 86 Ill. Adm. Code 511

3) Section Numbers: Adopted Action:
511.100 New Section
511.110 New Section
511.120 New Section
511.130 New Section
511.140 New Section
511.150 New Section
511.160 New Section
511.200 New Section
511.210 New Section
511.220 New Section
511.230 New Section
511.300 New Section
511.310 New Section
511.320 New Section
511.330 New Section

4) Statutory Authority: 35 ILCS 640

5) Effective Date of Rulemaking: December 18, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: August 24, 2001, 25 Ill. Reg. 10698

10) Has JCAR issued a Statement of Objection to this Rulemaking? No

11) Differences between proposal and final version: The only changes made were the ones agreed upon with JCAR. The changes made were grammar and punctuation or technical. No substantive changes were made.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rulemaking currently in effect? No

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14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: Creates rules implementing the Electricity Excise Tax Law. Includes provisions for general administration of the tax and special provisions regarding the Retail Rate Law credit, Electronic Funds Transfer and delivering supplier and self-assessing purchaser registration.

16) Information and questions regarding this adopted rulemaking shall be directed to:

Melanie A. Jarvis
Associate Counsel
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794
(217) 782-6996

The full text of the adopted rules begins on the next page:

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TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 511
ELECTRICITY EXCISE TAX LAW

SUBPART A: GENERAL

Section	Definitions
511.100	Imposition of Tax
511.110	Electronic Fund Transfer and Estimated Payments
511.120	Transfer of Credit Memorandum
511.130	Public Utility Retail Rate Credit
511.140	Exclusions From Tax
511.150	Net or Single Metering
511.160	

SUBPART B: COLLECTION OF TAX BY DELIVERING SUPPLIERS

Section	Collection of Tax by Delivering Supplier
511.200	Delivering Supplier Registration
511.210	Revocation of Delivering Supplier Registration
511.220	Delivering Supplier Return
511.230	

SUBPART C: SELF-ASSESSING PURCHASERS

Section	Self-assessing Purchaser Election
511.300	Self-assessing Purchaser Registration and Renewal, \$200 Fee
511.310	Self-assessing Purchaser Revocation
511.320	Self-assessing Purchaser Return and Direct Payment
511.330	

AUTHORITY: Implementing the Electricity Excise Tax Law [35 ILCS 640].

SOURCE: Adopted at 25 Ill. Reg. 16495, effective

SUBPART A: GENERAL

Section 511.100 Definitions

For the purposes of this Part:

"Delivering supplier" means any person engaged in the business of delivering electricity to persons for use or consumption and not for resale who, in any case where more than one person participates in the delivery of electricity to a specific purchaser, is the last of the

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suppliers engaged in delivering the electricity prior to its receipt by the purchaser.

"Delivering supplier maintaining a place of business in this State", or any like term, means any delivering supplier having or maintaining within this State, directly or by a subsidiary, an office, generation facility, transmission facility, distribution facility, sales office or other place of business, or any employee, agent or other representative operating within this State under the authority of such delivering supplier or such delivering supplier's subsidiary, irrespective of whether such place of business or agent or other representative is located in this State permanently or temporarily, or whether such delivering supplier or such delivering supplier's subsidiary is licensed to do business in this State.

"Law" means the Electricity Excise Tax Law [35 ILCS 640].

"Person" means any natural individual, firm, trust, estate, partnership, association, joint stock company, joint venture, corporation, limited liability company, or a receiver, trustee, guardian, or other representative appointed by order of any court, or any city, town, village, county, or other political subdivision of this State.

"Purchaser" means any person who acquires electricity for use or consumption and not for resale, for a valuable consideration.

"Self-assessing purchaser" means a purchaser for non-residential electric use who elects to register with and to pay tax directly to the Department in accordance with Sections 2-10 and 2-11 of the Electricity Excise Tax Law [35 ILCS 640/2-10 and 2-11].

"Use" means the exercise by any person of any right or power over electricity incident to the ownership of that electricity, except that it does not include the generation, production, transmission, distribution, delivery or sale of electricity in the regular course of business or the use of electricity for such purposes. [35 ILCS 640/2-3]

Section 511.110 Imposition of Tax

The Electricity Excise Tax Law imposes a tax on the privilege of using in this State electricity purchased for use or consumption (see 35 ILCS 640/2-4). The base and rate of the tax is dependent upon the type of supplier from which the electricity is obtained.

- a) Electricity Purchased From Municipal Systems or Electric Cooperatives.
A tax is imposed on the privilege of using in this State electricity purchased from a municipal system or electric cooperative, as defined

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in Article XVII of the Public Utilities Act, which has not made an election as permitted by either Section 17-200 (election to provide existing or future customers access to alternative retail electric suppliers) or Section 17-300 (election to be an alternative retail electric supplier) of the Public Utilities Act, at the lesser of 0.32 cents per kilowatt hour of all electricity distributed, supplied, furnished, sold, transmitted, and delivered by such municipal system or electric cooperative to the purchaser or 5% of each such purchaser's purchase price for all electricity distributed, supplied, furnished, sold, transmitted, and delivered by such municipal system or electric cooperative to the purchaser, whichever is the lower rate as applied to each purchaser in each billing period. [35 ILCS 640/2-4(b)] Taxpayers who obtain their electricity or electric service from a supplier described in this Part may not elect to become a self-assessing purchaser as described in subsection (c) of this Section.

- b) Other Suppliers. Except as provided in subsection (a) of this Section, the tax is imposed on the privilege of using in this State electricity purchased for use or consumption and not for resale, other than by municipal corporations owning and operating a local transportation system for public service, at the following rates per kilowatt-hour delivered to the purchaser:

- 1) For the first 2000 kilowatt-hours used or consumed in a month: 0.330 cents per kilowatt-hour;
- 2) For the next 48,000 kilowatt-hours used or consumed in a month: 0.319 cents per kilowatt-hour;
- 3) For the next 50,000 kilowatt-hours used or consumed in a month: 0.303 cents per kilowatt-hour;
- 4) For the next 400,000 kilowatt-hours used or consumed in a month: 0.297 cents per kilowatt-hour;
- 5) For the next 500,000 kilowatt-hours used or consumed in a month: 0.286 cents per kilowatt-hour;
- 6) For the next 2,000,000 kilowatt-hours used or consumed in a month: 0.270 cents per kilowatt-hour;
- 7) For the next 2,000,000 kilowatt-hours used or consumed in a month: 0.254 cents per kilowatt-hour;
- 8) For the next 5,000,000 kilowatt-hours used or consumed in a month: 0.233 cents per kilowatt-hour;
- 9) For the next 10,000,000 kilowatt-hours used or consumed in a month: 0.207 cents per kilowatt-hour;
- 10) For all electricity in excess of 20,000,000 kilowatt-hours used or consumed in a month: 0.202 cents per kilowatt-hour. [35 ILCS 640/2-4(c)]

- c) In lieu of the foregoing rates in subsection (b) of this Section, the tax is imposed on a self-assessing purchaser at the rate of 5.1% of the self-assessing purchaser's purchase price for all electricity distributed, supplied, furnished, sold, transmitted and delivered to the self-assessing purchaser in a month. [35 ILCS 640/2-4(a)]

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Section 511.120 Electronic Fund Transfer and Estimated Payments

a) Estimated payments

1) Each taxpayer under the Electricity Excise Tax Law whose average monthly liability was \$10,000 or more during the preceding calendar year, excluding the month of highest liability and the month of lowest liability during such calendar year, shall make quarter monthly payments to the Department on or before the 7th, 15th, 22nd, and last day of the month during which the liability is incurred. The amount of the payments are the lower of either 22.5% of the taxpayer's actual tax liability for the month or 25% of the taxpayer's actual tax liability for the same calendar month of the preceding year. [35 ILCS 640/2-9 and 2-11]

2) No taxpayer under the Electricity Excise Tax Law is required to make estimated payments during calendar year 1998. For calendar year 1999, the Department will calculate the taxpayer's average monthly liability during calendar year 1998 by taking the sum of the liabilities for the last 5 months of calendar year 1998 and excluding the month of highest liability and the month of lowest liability during that period and dividing by 3.

b) Electronic funds transfer

1) Each taxpayer under the Electricity Excise Tax Law whose average monthly liability was \$10,000 or more is also required to make all payments by electronic funds transfer. This calculation is made by taking the sum of the taxpayer's liabilities for the immediately preceding calendar year and dividing by 12. [35 ILCS 640/2-9 and 2-11]

2) No taxpayer under the Electricity Excise Tax Law is required to make payments by electronic funds transfer during calendar year 1998. For calendar year 1999, the Department will calculate the taxpayer's average monthly liability during calendar year 1998 by taking the sum of the liabilities for the last 5 months of calendar year 1998 and dividing by 12.

Section 511.130 Transfer of Credit Memorandum

a) Any credit memorandum issued under the tax imposed by Section 2 of the Public Utilities Revenue Act may be applied against liability incurred under the Electricity Excise Tax Law.

b) Any credit memorandum issued under the Electricity Excise Tax Law may be applied against any liability incurred under the tax imposed by Section 2 of the Public Utilities Revenue Act. [35 ILCS 640/2-12]

Section 511.140 Public Utility Retail Rate Credit

Public utilities that are required to purchase electricity from qualified solid waste energy facilities and incur liability as delivering suppliers are entitled to a credit against their Electricity Excise Tax liability in an

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amount determined under Section 8-403.1(d) of the Public Utilities Act. (See 35 ILCS 640/2-7(b).)

Section 511.150 Exclusions From Tax

a) Federal Government. Electricity Excise Tax is not imposed with respect to any transaction in interstate commerce, or otherwise, to the extent to which such transaction may not, under the Constitution and statutes of the United States, be made the subject of taxation by this State. [35 ILCS 640/2-4(c)] For example, the federal government is not taxable under the Electricity Excise Tax Law. However, the State of Illinois and any other state or local government is subject to tax under the Electricity Excise Tax Law. Examples of the federal government include, but are not limited to, entities such as: the three main branches of government, the Executive, Legislative and Judicial, and the U.S. Postal Service. A sale of electricity to the federal courthouse would be exempt; however, a sale to a federal judge for his own use would not be exempt.

b) Entities that are exempt from taxation by federal statute are not subject to Electricity Excise Tax liability. For example, federal credit unions are not subject to Electricity Excise Tax liability pursuant to 12 USC 1768. Further, Amtrak is not subject to Electricity Excise Tax liability pursuant to 49 USC 24301(1).

c) Businesses located in Enterprise Zones. Electricity Excise Tax is not imposed on business enterprises that are certified by the Department of Commerce and Community Affairs under Section 9-222.1 of the Public Utilities Act to the extent of such exemption and during the time specified by the Department of Commerce and Community Affairs. [35 ILCS 640/2-4(c)]

d) Businesses Certified as High Impact Businesses. Electricity Excise Tax is not imposed on business enterprises that are certified by the Department of Commerce and Community Affairs as High Impact Businesses under Section 9-222.1A of the Public Utilities Act to the extent of such exemption and during the time specified by the Department of Commerce and Community Affairs. [35 ILCS 640/2-4(c)] In order to qualify for this exclusion from Electricity Excise Tax liability, the High Impact Business must be properly registered with the Department as a self-assessing purchaser under Section 2-10 of the Electricity Excise Tax Law (see Section 511.300 of this Part). [220 ILCS 5/9-222.1A]

e) Delivering suppliers are required to maintain documentation in their books and records to support the exemptions described in this Section. In order to document the exemptions listed in subsections (c) and (d) of this Section, delivering suppliers must maintain the current certificate of eligibility issued by the Department of Commerce and Community Affairs to the businesses claiming the exemption.

Section 511.160 Net or Single Metering

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Regardless of whether taxpayers who purchase electricity or electric service and also generate their own electricity, which is put back into their delivering suppliers' electricity distribution systems, use either Single Meters (Dual-Flow Meters) or Separate Meters (Single-Flow Meters), the basis of the tax is on the amount of electricity delivered for use. These types of meters are defined as follows:

- a) Single Meters (Dual-Flow Meters). These types of meters allow electricity to flow in both ways through the meter (electricity received by the taxpayer and electricity the taxpayer has put back into the delivering supplier's electricity distribution system) and the meter provides a reading only of the net result.
- b) Separate Meters (Single-Flow Meters). Separate or Single-Flow Meters are used to keep track of both the electricity received by the taxpayer from the delivering supplier and the amount returned by the taxpayer to the delivering supplier's electricity distribution system.

SUBPART B: COLLECTION OF TAX BY DELIVERING SUPPLIERS

Section 511.200 Collection of Tax by Delivering Supplier

Beginning with bills for electricity or electric service issued on and after August 1, 1998, the tax imposed by the Electricity Excise Tax Law shall be collected from the purchaser, other than a self-assessing purchaser where the delivering supplier or suppliers are notified by the Department that the purchaser has been registered as a self-assessing purchaser as described in Section 511.300 of this Part, by any delivering supplier maintaining a place of business in this State.

- a) All sales to a purchaser are presumed subject to tax collection unless the Department notifies the delivering supplier that the purchaser has been registered as a self-assessing purchaser for the accounts listed by the self-assessing purchaser as described in Section 511.300 of this Part. Upon receipt of notification by the Department, the delivering supplier is relieved of all liability for the collection and remittance of tax from the self-assessing purchaser for the accounts specifically listed by the self-assessing purchaser for which notification was provided by the Department. The delivering supplier is relieved of the liability for the collection of the tax from a self-assessing purchaser until such time as the delivering supplier is notified in writing by the Department that the purchaser's certification as a self-assessing purchaser is no longer in effect.
- b) Delivering suppliers shall collect the tax from purchasers by adding the tax to the amount of the purchase price received from the purchaser for delivering electricity for or to the purchaser. Where a delivering supplier does not collect the tax from a purchaser, other than a self-assessing purchaser, as provided in this Section, such purchaser shall pay the tax directly to the Department. [35 ILCS 640/2-7]

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Section 511.210 Delivering Supplier Registration

- a) Persons engaging in business in this State as delivering suppliers must register with the Department. Application for registration as a delivering supplier is made on Form RPU-3, Utility Tax Application for Registration.
- b) Any person who is denied registration as a delivering supplier may, within 20 days after notice of such decision, protest and request a hearing, whereupon the Department shall give notice to such person of the time and place fixed for such hearing and shall hold a hearing in conformity with the provisions of the Law and then issue its final administrative decision in the matter to such person. In the absence of such a protest within 20 days, the Department's decision shall become final without any further determination being made or notice given. [35 ILCS 640/2-7.5]

Section 511.220 Revocation of Delivering Supplier Registration

The Department may, after notice and a hearing, revoke the certificate of registration of any person who violates any of the provisions of the Electricity Excise Tax Law. Before revocation of a certificate of registration, the Department shall, within 90 days after non-compliance and at least 7 days prior to the date of the hearing, give the person so accused notice in writing of the charge against him or her, and on the date designated shall conduct a hearing upon this matter. The lapse of such 90-day period shall not preclude the Department from conducting revocation proceedings at a later date if necessary. Any such hearing held shall be conducted by the Director or by any officer or employee of the Department designated in writing by the Director. [35 ILCS 640/2-7.6]

Section 511.230 Delivering Supplier Return

Return and payment of tax by delivering supplier.

- a) Each delivering supplier who is required or authorized to collect the tax imposed by the Law shall make a return to the Department on or before the 15th day of each month for the preceding calendar month stating the following:
 - 1) The delivering supplier's name and registration number.
 - 2) The address of the delivering supplier's principal place of business and the address of the principal place of business (if that is a different address) from which the delivering supplier engaged in the business of delivering electricity in this State.
 - 3) The total number of kilowatt-hours which the supplier delivered to or for purchasers during the preceding calendar month and upon the basis of which the tax is imposed.
 - 4) The amount of tax, computed on the number of kilowatt-hours in subsection (a)(3) at the rates stated in Section 511.110 of this Part.

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- 5) An adjustment for uncollectible amounts of tax in respect of prior period kilowatt-hour deliveries.
- 6) The amount of credits to which the taxpayer is entitled on account of purchases made under Section 8-403.1 of the Public Utilities Act.
- 7) The gross receipts from sales of electricity that are taxed on a gross receipts basis under Section 511.110(a) of this Part and any non-taxable deductions from those gross receipts.
- 8) The amount of any credits to be applied to the liability period of the return in addition to those listed in subsection (a)(6).
- 9) The signature of the taxpayer.
- b) In preparing the return, the delivering supplier may use any reasonable method to derive reportable "kilowatt-hours" from the delivering supplier's records. For example, one such method is basing reportable kilowatt-hours on the amount of electricity billed to customers during the preceding calendar month.
- c) The delivering supplier making the return provided for in this Section shall pay to the Department the amount of tax imposed by the Electricity Excise Tax Law at the time of making such return. [35 ILCS 640/2-9]

Such return shall be made on the Department's Form RPU-13, Electricity Excise Tax Return.

SUBPART C: SELF-ASSESSING PURCHASERS

Section 511.300 Self-assessing Purchaser Election

- a) Any purchaser for non-residential electric use may elect to register with the Department as a self-assessing purchaser and to pay the tax imposed by the Electricity Excise Tax Law directly to the Department, at the rate of 5.1% of the self-assessing purchaser's purchase price for all electricity distributed, supplied, furnished, sold, transmitted and delivered to the self-assessing purchaser in a month, rather than paying the tax to such purchaser's delivering supplier. [35 ILCS 640/2-10]
- b) A purchaser may not elect to register to be a self-assessing purchaser for accounts where that purchaser's delivering supplier is a municipal system or electric cooperative, as defined in Article XVII of the Public Utilities Act, which has not made an election as permitted by either Section 17-200 (election to provide existing or future customers access to alternative retail electric suppliers) or Section 17-300 (election to be an alternative retail electric supplier) of the Act. See Section 511.110(c) of this Part.
- c) The election by a purchaser to register as a self-assessing purchaser may not be revoked by the purchaser for at least 2 years after election. [35 ILCS 640/2-10]

Section 511.310 Self-assessing Purchaser Registration and Renewal, \$200 Fee

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- a) Application for a certificate of registration as a self-assessing purchaser shall be made to the Department upon Form RPU-3, Utility Tax Application for Registration, along with Form RPU-5, Self-assessing Purchaser Worksheet. Applicants must specify on Form RPU-3 the date upon which the applicant wishes to become a self-assessing purchaser. Applicants must provide the properly completed application (Form RPU-3 and RPU-5) to the Department at least 30 days before the date they wish to become a self-assessing purchaser in order to give the Department sufficient time to process the application and forward a copy of the RPU-5 to the delivering suppliers listed on that Form.
- b) Applicants must identify on Form RPU-5, Self-assessing Purchaser Worksheet, the delivering suppliers and each account with those delivering suppliers upon which the self-assessing purchaser has chosen to pay Electricity Excise Tax directly to the Department. The Department will then notify those delivering suppliers by sending a photocopy of the applicant's RPU-5 with a letter stating that the delivering supplier is no longer required to collect Electricity Excise Tax on those specified accounts. An applicant must complete separate RPU-5 Forms for each delivering supplier if the applicant does not wish all of the applicant's account information disclosed to each delivering supplier.
- c) Self-assessing purchasers who want to add additional delivering supplier accounts or delete specific accounts must complete a new RPU-5, Self-assessing Purchaser Worksheet, and submit it to the Department at the address listed on that Form at least 30 days before the date they wish to begin or cease self-assessing Electricity Excise Tax on those specified accounts. The Department will then notify those delivering suppliers by sending a photocopy of the applicant's revised RPU-5.
- d) Payment of Non-refundable Biennial Fee. Applicants are required to pay a non-refundable biennial fee of \$200 at the time of application for a certificate of registration as a self-assessing purchaser.
- e) Registration as a self-assessing purchaser is valid for a period of 2 years. A certificate of registration as a self-assessing purchaser will be renewed by the Department for an additional 2-year period upon application and payment of a non-refundable biennial fee of \$200. Application for renewal must be received at least 30 days prior to the expiration date of the registration in order to give the Department sufficient time to process the application and forward a copy of the RPU-5 to the delivering suppliers listed on that Form. If the Department does not receive the renewal application at least 30 days prior to the expiration date of the registration, the registration will be deemed revoked as provided in Section 511.320 of this Part. This process for issuing a 30-day notice is necessary in order to give the Department sufficient time to forward a copy of the notice of revocation to the applicable delivering suppliers so that the delivering suppliers can begin collecting tax on the date they are required.

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- f) The Department may deny a certificate of registration to any applicant if the owner, any partner, any manager or member of a limited liability company, or a corporate officer of the applicant, is or has been the owner, a partner, a manager or member of a limited liability company, or a corporate officer, of another self-assessing purchaser that is in default for moneys due under the Electricity Excise Tax Law. [35 ILCS 640/2-10]

Section 511.320 Self-assessing Purchaser Revocation

- a) The election by a purchaser to register as a self-assessing purchaser may not be revoked by the purchaser for at least 2 years after election.
- b) A self-assessing purchaser shall renew his or her registration every 2 years, or the registration shall be deemed to be revoked. If the Department does not receive the renewal application at least 30 days prior to the expiration date of the registration, the registration will be deemed revoked.
- c) A purchaser who revokes his or her registration as a self-assessing purchaser shall not thereafter be permitted to register as a self-assessing purchaser within the succeeding 2 years. [35 ILCS 640/2-10]
- d) The Department may, after notice and a hearing, revoke the certificate of registration of any self-assessing purchaser who violates any of the provisions of the Electricity Excise Tax Law. Before revocation of a certificate of registration, the Department shall, within 90 days after non-compliance and at least 7 days prior to the date of the hearing, give the person so accused notice in writing of the charge against him or her, and on the date designated shall conduct a hearing upon this matter. The lapse of such 90-day period shall not preclude the Department from conducting revocation proceedings at a later date if necessary. Any such hearing held shall be conducted by the Director or by any officer or employee of the Department designated in writing by the Director. [35 ILCS 640/2-10.6]

Section 511.330 Self-assessing Purchaser Return and Direct Payment

- a) When electricity is used or consumed by a self-assessing purchaser subject to the tax imposed by the Law who did not pay the tax to a delivering supplier maintaining a place of business within this State and required or authorized to collect the tax, that self-assessing purchaser shall, on or before the 15th day of each month, make a return to the Department for the preceding calendar month, stating all of the following:
- 1) The self-assessing purchaser's name, principal address, and registration number.
 - 2) The aggregate purchase price paid by the self-assessing purchaser for the distribution, supply, furnishing, sale, transmission and

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delivery of such electricity to or for the purchaser during the preceding calendar month, including budget plan and other purchaser-owned amounts applied during such month in payment of charges includible in the purchase price, and upon the basis of which the tax is imposed.

- 3) Amount of tax, computed upon the purchase price as outlined in subsection (a)(2) at the rate stated in Section 511.110(c) of this Part.
 - 4) The amount of any credits to be applied to the liability period of the return.
 - 5) The signature of the taxpayer. In making the return the self-assessing purchaser may use any reasonable method to derive reportable "purchase price" from the self-assessing purchaser's records.
 - b) The self-assessing purchaser making the return provided for in this Section shall, at the time of making such return, pay to the Department the amount of tax imposed by the Electricity Excise Tax Law.
 - c) Any self-assessing purchaser who ceases to be responsible for filing returns under the Electricity Excise Tax Law shall file a final return with the Department not more than one month thereafter. [35 ILCS 640/2-11]
- Such return shall be made on the Department's Form RPU-13, Electricity Excise Tax Return.

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act

2) Code Citation: 86 Ill. Adm. Code 530

3) <u>Section Numbers:</u>	<u>Adopted Action:</u>
530.101	Amendment
530.110	Amendment
530.116	Amendment
530.120	Amendment
530.155	Amendment

4) Statutory Authority: 320 ILCS 25/3.15 (Public Act 92-0010, effective June 11, 2001) and 320 ILCS 25/4(f), 4.1 and 5(a) (Public Act 92-0131, effective July 23, 2001)

5) Effective Date of Amendments: December 18, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: July 6, 2001, 25 Ill. Reg. 8134; August 31, 2001, 25 Ill. Reg. 11057

10) Has JC&AR issued a Statement of Objections to these Amendments? No

11) Differences between proposal and final version: The only changes made were the ones agreed upon with JC&AR. The changes made were grammar and punctuation or technical. No substantive changes were made. This is a consolidated rulemaking with more than 4 sections being amended.

12) Have all the changes agreed upon by the agency and JC&AR been made as indicated in the agreement letter issued by JC&AR? Yes

13) Will this amendment replace an emergency amendment currently in effect?
No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendment(s): Section 530.101: Expands the list of diseases for which pharmaceutical assistance coverage will become available to include osteoporosis as a result of Public Act 92-0010 beginning July 1, 2001.

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Section 530.110: Adds a new category of therapeutic drugs for the treatment of osteoporosis for which expanded pharmaceutical assistance coverage will become available as a result of Public Act 92-0010 beginning July 1, 2001. Updates provisions as required by enactment of Public Act 92-0131 as follows:

530.116: Clarifies card fees for pharmaceutical assistance coverage during conversion of program to a fiscal year basis.

530.120: Clarifies effective dates of coverage during conversion of program to a fiscal year basis.

530.155: Adds language authorizing disclosure of information on individuals who receive health coverage, pharmaceutical benefits, or related services from entities subject to the Illinois Insurance Code, Comprehensive Health Insurance Plan Act, Dental Service Plan Act, Children's Health Insurance Program Act, Health Care Purchasing Group Act, Health Maintenance Organization Act, Limited Health Service Organization Act, Voluntary Health Services Plans Act, and Workers' Compensation Act.

16) Information and questions regarding this adopted amendment shall be directed to:

Karen Alice Kloppe
Associate Counsel - Property Tax
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794
(217) 782-6996

The full text of the adopted amendment begins on the next page:

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUEPART 530
SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND PHARMACEUTICAL ASSISTANCE ACT

- Section 530.101 Purpose of the Pharmaceutical Assistance Program
- 530.105 Definitions
- 530.110 Covered Prescription Drugs
- 530.115 Eligibility Qualifications
- 530.116 Fees and Co-payments
- 530.117 Claim Filing Procedures
- 530.120 Cards
- 530.125 Determination of Cost of Covered Prescription Drugs
- 530.130 Authorized Pharmacy Qualifications
- 530.135 Assignment and Coordination of Benefits
- 530.140 Payments to Authorized Pharmacies
- 530.145 Execution of Contracts
- 530.150 Limitation on Prescription Size
- 530.155 Inspection and Disclosure of Records
- 530.160 Establishment of Liens
- 530.165 Penalties

AUTHORITY: Implementing the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act [320 ILCS 25].

SOURCE: Adopted at 11 Ill. Reg. 20978, effective December 15, 1987; amended at 13 Ill. Reg. 1589, effective January 18, 1989; amended at 17 Ill. Reg. 11566, effective July 8, 1993; amended at 22 Ill. Reg. 19929, effective October 28, 1998; amended at 24 Ill. Reg. 17562, effective November 16, 2000; emergency amendment at 25 Ill. Reg. 8449, effective July 1, 2001, for a maximum of 150 days; emergency amendment modified in response to JCAR objection at 25 Ill. Reg. 12913; amended at 25 Ill. Reg. 16508, effective

Section 530.101 Purpose of the Pharmaceutical Assistance Program

The Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (Act) [320 ILCS 25] provides for the establishment of a program of pharmaceutical assistance to be administered by the Illinois Department of Revenue. The purpose for this program is to enable low-income senior citizens and disabled persons to afford medication for the treatment of heart disease and its related conditions, diabetes, arthritis, and, beginning January 1, 2001, cancer, Alzheimer's disease, Parkinson's disease, glaucoma, lung disease and smoking related illnesses; and, beginning July 1, 2001, osteoporosis.

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(Source: Amended at 25 Ill. Reg. 16508, effective

Section 530.110 Covered Prescription Drugs

- a) Drugs, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987 [225 ILCS 60], physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987 [225 ILCS 95], or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act [225 ILCS 65/Title 15] for treatment of heart disease and its related conditions, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Antihypertensive
 - 2) Antianginal
 - 3) Antiarrhythmic
 - 4) Antihyperlipidemic
 - 5) Beta Blocker
 - 6) Digitalis Glycosides
 - 7) Hypertension/Shock
 - 8) Diuretics
 - 9) Potassium
 - 10) Anticoagulants
- b) Drugs purchased on or after January 1, 1987, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of diabetes, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Insulin
 - 2) Insulin, Syringes & Needles
 - 3) Oral Hypoglycemics
 - 4) Pituitary Hormones
 - 5) Glucose Elevators
- c) Drugs purchased on or after January 1, 1987, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of arthritis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Hormones/Adrenal Cortical Steroids
 - 2) Analgesics/Antirheumatic
 - 3) Analgesics/Nonopioid Agonists

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- 4) Antiprotozoals
- 5) Penicillamine
- 6) Analgesics/Narcotic Antagonists: Gout
- 7) Oncolytic/Antineoplastic: Antimetabolites
- 8) Immunosuppressives

d) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of cancer, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Alkylating Agents
- 2) Antimetabolites
- 3) Antimitotic Agents
- 4) Epipodophyllotoxins
- 5) Antibiotics
- 6) Hormones
- 7) Enzymes
- 8) Platinum Coordination Complex
- 9) Anthracenedione
- 10) Substituted Ureas
- 11) Methylhydrazine Derivatives
- 12) Cytoprotective Agents
- 13) DNA Topoisomerase Inhibitors
- 14) Biological Response Modifiers
- 15) Retinoids
- 16) Monoclonal Antibodies
- 17) Miscellaneous Antineoplastics
- 18) Narcotic Agonist Analgesics
- 19) Narcotic Analgesic Combinations
- 20) Anticonvulsants

e) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of Alzheimer's disease, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Cholinesterase Inhibitors
- 2) Antipsychotics

f) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the

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Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of Parkinson's disease, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Anticholinergics
- 2) Amantadine
- 3) Bromocriptine Mesylate
- 4) Carbidopa
- 5) Levodopa
- 6) Levodopa and Carbidopa
- 7) Pergolide Mesylate
- 8) Selegiline Hydrochloride
- 9) Entacapone
- 10) Tolcapone
- 11) Dopaminergics
- 12) Clonazepam

g) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, therapeutically certified optometrist licensed pursuant to the Illinois Optometric Practice Act of 1987 [225 ILCS 80/15.1], physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of glaucoma, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Alpha-2 Adrenergic Agonists
- 2) Sympathomimetics
- 3) Alpha-Adrenergic Blocking Agents
- 4) Beta-Adrenergic Blocking Agents
- 5) Miotics, Direct Acting
- 6) Miotics, Cholinesterase Inhibitors
- 7) Carbonic Anhydrase Inhibitors
- 8) Prostaglandin Agonists
- 9) Miscellaneous Combinations

h) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of lung disease and smoking related illnesses, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Sympathomimetic Bronchodilators
- 2) Diluents
- 3) Xanthine Derivatives

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- 4) Anticholinergic Bronchodilators
- 5) Leukotriene Receptor Antagonists
- 6) Leukotriene Formation Inhibitors
- 7) Corticosteroid Respiratory Inhalants
- 8) Mucolytics
- 9) Mast Cell Stabilizers
- 10) Respiratory Enzymes
- 11) Digestive Enzymes
- 12) Antiasthmatic Combinations
- 13) Antituberculous Agents
- 14) Zyban
- 15) Nicotine

i) Drugs purchased on or after July 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of osteoporosis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Bisphosphonates
- 2) Selective Estrogen Receptor Modulators
- 3) Calcitonin-Salmon

j) The specific covered prescription drugs which fall within each category will be listed in a handbook to be prepared and disseminated on the internet Web site of the Department. Updates regarding changes in the categories and specific covered prescription drugs will be made as necessary.

(Source: Amended at 25 Ill. Reg. 16508, effective _____)

Section 530.116 Fees and Co-payments

a) Fees

- 1) An applicant must pay a fee to the Department for a card as follows:
 - A) Prior to January 1, 2001, an applicant must pay \$40 for a card if his or her household income for a claim year is below the poverty line.
 - B) Prior to January 1, 2001, an applicant must pay \$80 for a card if his or her household income for a claim year is at or above the poverty line.
 - C) Beginning January 1, 2001, an applicant must pay \$5 for a card if his or her household income for a claim year is below the poverty line.
 - D) Beginning January 1, 2001, an applicant must pay \$25 for a

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card if his or her household income for a claim year is at or above the poverty line. [320 ILCS 25/4(f)]

- 2) The term "poverty line" means the official poverty line as defined by the Federal Office of Management and Budget at 42 USC 9902(2).
- 3) Fees paid for cards will not be prorated if coverage is valid for a longer or shorter period than one year as determined by the Department in converting coverage to a fiscal year basis.

b) Covered Prescription Drug Co-payments

- 1) A beneficiary must make co-payments to an authorized pharmacy for covered prescription drugs as follows:

A) A beneficiary who pays \$40 for a card must pay a deductible equal to the first \$15 of total prescription costs each month until the accumulated total paid by this program reaches \$800 for a State fiscal year prior to the 2001 State fiscal year. For the portion of the 2001 State fiscal year from July 1, 2000 through December 31, 2000, after the accumulated total of \$800 has been reached, the beneficiary must pay the first \$15 of total prescription costs each month plus a co-payment equal to 20% of the cost of each prescription for which payments are made by this program. For the portion of the 2001 State fiscal year from January 1, 2001 through June 30, 2001, after the accumulated total of \$2,000 (which includes the accumulated total of \$800 or less for the period from July 1, 2000 through December 31, 2000) for the entire 2001 State fiscal year has been reached, the beneficiary must pay a co-payment equal to 20% of the cost of each prescription for which payments are made by this program for the remainder of the State fiscal year. For all subsequent State fiscal years after the 2001 State fiscal year, after the accumulated total of \$2,000 for the State fiscal year has been reached, the beneficiary must pay a co-payment equal to 20% of the cost of each prescription for which payments are made by this program for the remainder of the State fiscal year. [320 ILCS 25/4(f)]

B) A beneficiary who pays \$80 for a card must pay a deductible equal to the first \$25 of total prescription costs each month until the accumulated total paid by this program reaches \$800 for a State fiscal year prior to the 2001 State fiscal year. For the portion of the 2001 State fiscal year from July 1, 2000 through December 31, 2000, after the accumulated total of \$800 has been reached, the beneficiary must pay the first \$25 of total prescription costs each month plus a co-payment equal to 20% of the cost of each prescription for which payments are made by this program. For the portion of the 2001 State fiscal year from January 1, 2001 through June 30, 2001, after the accumulated total of \$2,000 (which includes the accumulated total of \$800 or

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less for the period from July 1, 2000 through December 31, 2000) for the entire 2001 State fiscal year has been reached, the beneficiary must pay \$3 for each prescription plus a co-payment equal to 20% of the cost of each prescription for which payments are made by this program for the remainder of the State fiscal year. For all subsequent State fiscal years after the 2001 State fiscal year, after the accumulated total of \$2,000 for the State fiscal year has been reached, the beneficiary must pay \$3 for each prescription plus a co-payment equal to 20% of the cost of each prescription for which payments are made by this program for the remainder of the State fiscal year. [320 ILCS 25/4(f)]

C) Beginning with the portion of the 2001 State fiscal year from January 1, 2001 through June 30, 2001, and for all subsequent State fiscal years, a beneficiary who pays \$5 for a card will pay no additional prescription costs until the accumulated total paid by this program reaches \$2,000 for the State fiscal year, at which point the beneficiary must pay a co-payment equal to 20% of the cost of each prescription paid by this program for the remainder of the State fiscal year.

D) Beginning with the portion of the 2001 State fiscal year from January 1, 2001 through June 30, 2001, and for all subsequent State fiscal years, a beneficiary who pays \$25 for a card must pay \$3 for each prescription until the accumulated total paid by this program reaches \$2,000 for the State fiscal year, at which point the beneficiary must continue to pay \$3 for each prescription plus a co-payment equal to 20% of the cost of each prescription paid by this program for the remainder of the State fiscal year. [320 ILCS 25/4(f)]

2) A beneficiary also must pay to an authorized pharmacy an ancillary charge for any covered prescription drug that is a brand name product if the pharmacy is reimbursed at the generic price as provided in Section 530.125(d)(2).

(Source: Amended at 25 Ill. Reg. 16508, effective 1)

Section 530.120 Cards

a) A card containing, at a minimum, the following information, will be issued to each beneficiary:

- 1) name of beneficiary;
- 2) identification number;
- 3) effective date of coverage; and
- 4) expiration date of coverage.

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b) A card will not be valid for more than one year from the effective date of coverage; however, unless, beginning January 1, 2002, coverage may be extended or restricted for a longer or shorter up-to-a-six-month period of time in order to enable the Department to convert coverage for a beneficiary to a fiscal year basis and will have an opportunity to check for erroneous or fraudulent claims. [320 ILCS 25/5(a)]

(Source: Amended at 25 Ill. Reg. 16508, effective 1)

Section 530.155 Inspection and Disclosure of Records

a) In order to ensure compliance with the requirements of the Act and to prevent fraud, the Department, or its designee, shall have the right:

- 1) to inspect the books and records of all authorized pharmacies in order to ensure compliance with the requirements of the Act and to prevent fraud. [320 ILCS 25/6(d)(5)]
- 2) to require disclosure of information on individuals who receive health coverage, pharmaceutical benefits, or related services as policyholders, subscribers, or plan participants from entities subject to the Illinois Insurance Code [215 ILCS 5], Comprehensive Health Insurance Plan Act [215 ILCS 105], Dental Service Plan Act [225 ILCS 25], Children's Health Insurance Program Act [215 ILCS 106], Health Care Purchasing Group Act [215 ILCS 123], Health Maintenance Organization Act [215 ILCS 125], Limited Health Service Organization Act [215 ILCS 130], Voluntary Health Services Plans Act [215 ILCS 165], and Worker's Compensation Act [820 ILCS 305]. (See 320 ILCS 25/4.1.)

b) Information received by the Department or its designee shall be confidential except for official purposes and as otherwise provided in the Act.

(Source: Amended at 25 Ill. Reg. 16508, effective 1)

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Transporting Pupils Where Walking Constitutes A Serious Safety Hazard

- 2) Code Citation: 92 Ill. Adm. Code 556

- 3) Section Numbers: Adopted Action:

556.100	Repeal
556.101	Repeal
556.102	Renumber and Amend
556.115	New Section
556.103	Renumber and Amend
556.104	Renumber and Amend
556.105	Renumber and Amend
556.106	Renumber and Amend
556.107	Renumber and Amend
556.108	Renumber and Amend

- 4) Statutory Authority: Implementing and authorized by Section 29-3 of the School Code [105 ILCS 5/29-3]

- 5) Effective Date of Amendments: December 18, 2001

- 6) Does this rulemaking contain an automatic repeal date? No

- 7) Does this rulemaking contain incorporations by reference? No

- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

- 9) Notice of Proposal Published in Illinois Register: August 10, 2001, 25 Ill. Reg. 10161

- 10) Has JCAR issued a Statement of Objection to these amendments? No

- 11) Differences between proposal and final version: Various grammatical changes were made throughout the Part. The references were changed at Sections 556.160(b)(1) and (2) to reflect the renumbering of the Part.

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

- 13) Will these amendments replace any emergency amendments currently in effect? No

- 14) Are there any amendments pending on this Part? No

- 15) Summary and Purpose of Amendments: By this Notice, the Department has

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amended Part 556, in response to the Illinois State Board of Education's request, in the following ways:

The Department has repealed Sections 556.100 and 556.101. These Sections were old and unnecessary.

Section 556.102 has been renumbered and the language has been clarified.

Section 556.115 is new. The Department decided to consolidate the definitions found elsewhere in the rulemaking into one complete Section.

Section 556.103 has been renumbered and clarified. Table 1 has been revised to bring it into conformance with Part 557.

Section 556.104 has been renumbered and revised to make it consistent with Table 1 in Section 556.103. The example has been revised to reflect changes in Table 6.

Section 556.105 has been renumbered and revised to make it consistent with Table 1 in Section 556.103. The example has been revised to reflect the changes in Table 11.

Section 556.106 has been renumbered and revised to make it consistent with Table 1 in Section 556.103. The example has been revised to reflect the changes in Table 15. Section 556.107 has been renumbered and revised to reflect the changes in Section 556.103, Table 1. The example has been revised to reflect the changes in Table 11.

Section 556.108 has been renumbered and revised to reflect statutory changes to 105 ILCS 5/29-3 as amended by P. A. 90-223, effective January 1, 1998.

- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Mr. Joe Hill, Chief, Engineer of Operations
Illinois Department of Transportation
Division of Highways
2300 South Dirksen Parkway, Room 009
Springfield, Illinois 62764
(217) 782-7231

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF TRANSPORTATION
NOTICE OF ADOPTED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION
SUBCHAPTER f: HIGHWAYS

PART 556
TRANSPORTING PUPILS WHERE WALKING CONSTITUTES A
SERIOUS SAFETY HAZARD

Section	
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556.160	Multiple Hazards
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AUTHORITY: Implementing and authorized by Section 29-3 of the School Code [105 ILCS 5/29-3].

SOURCE: Adopted at 4 Ill. Reg. 27, p. 426, effective June 19, 1980; amended at 5 Ill. Reg. 5915, effective May 27, 1981; codified at 7 Ill. Reg. 12894; amended at 20 Ill. Reg. 12626, effective September 6, 1996; amended at 25 Ill. Reg. 16518, effective _____.

Section 556.100 Authority (Repealed)

(Source: Repealed at 25 Ill. Reg. 16518, effective _____)

Section 556.101 References to Rules (Repealed)

(Source: Repealed at 25 Ill. Reg. 16518, effective _____)

Section 556.110 Purpose

This Part establishes guidelines and procedures for determining the existence of a serious safety hazard and applies to serious safety hazards encountered by pupils walking on or along roadways, crossing roadways and crossing railroad tracks. This determination allows for the State Board of Education to provide busing reimbursement to school districts that choose to transport pupils residing within 1-1/2 miles from the school to which a pupil is assigned for that walking, either to or from the school to which a pupil is assigned for attendance or to or from a pick-up point or bus stop, constitutes a serious

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hazard to the safety of the pupil due to vehicular traffic or rail crossings. Such transportation shall not be provided if adequate transportation for the public is available. (Section 29-3 of the School Code [105 ILCS 5/29-3])

(Source: Renumbered from Section 556.102 to Section 556.110 and amended at 25 Ill. Reg. 16518, effective _____)

Section 556.115 Definitions

The following words or phrases when used in this Part shall have the meanings ascribed to them below.

"Controls providing pedestrian protection" - Either of the following:

All way stop - all approaches to the intersection are required by signs to stop; or

Adult crossing guards - any intersection where traffic is stopped by an adult crossing guard, regardless of other traffic controls.

"Crossing protection" --

Crossbucks only - An "X" shaped sign mounted upon a post at a rail-highway crossing inscribed with the words "Railroad" on one panel and "Crossing" on the other.

Active protection - Any protection that is designed to be actuated by the approach of an oncoming train (including lights, bells and gates) or protection by a crossing guard.

"Curb" - A vertical or sloping barrier along a roadway at least 4 inches high, clearly defining the edge to motorists.

"Department" - The Illinois Department of Transportation, acting through its District Engineers.

"Length of hazardous section" - The length (rounded to the nearest tenth of a mile) of the hazardous condition to which pupils walking along a roadway are exposed. For Type I hazards (see Section 556.120), it is limited to those sections where pupils walk on a shoulder within 10 feet of the roadway or behind a curb or ditch within 8 feet of the roadway. For Type II hazards (see Section 556.130), it is limited to those sections where pupils must walk on the roadway because no shoulder or walkway exists off the pavement, or because of a narrow bridge or underpass. All of the pupils covered by the submittal must walk the complete length of the hazardous section. The length may be scaled from a map or measured by a "walking wheel", or a car odometer.

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"Narrow bridge or underpass" - A narrow bridge or underpass that forces pupils walking to school, because of the narrowness of the structure and its lack of a sidewalk, to walk on the roadway for a minimum of 50 feet.

"No stop control" - When no stop signs or traffic signals exist on the roadway the pupils are crossing, requiring vehicles to stop. Yield signs are not stop controls.

"Number of tracks" - The total number of tracks that carry trains during periods when pupils are normally going to and from school. Example: If 2 tracks carry trains during the morning period and one of those tracks carries trains during the afternoon period, the number of tracks is 2.

"Number of trains" - The daily number of trains passing through the crossing during the periods when pupils are normally going to and from school. This number may be obtained from railroad companies or by counting trains. Example: If 2 trains cross in the morning period and 1 crosses in the afternoon period, the number of trains is 3.

"Roadway" - The portion of a road, street or highway on which vehicles travel, consisting of the pavement surface, exclusive of the shoulders.

"School Code" - 105 ILCS 5/29-5.2.

"Shoulder" - The relatively flat area between the outer edge of a roadway with no curb and the point where the earth begins sloping either upward or downward, intended for the accommodation of stopped vehicles or for emergency use.

"Speed of traffic" - The speed of traffic shall be based on the posted speed limit. In special school speed zones as authorized by Section 11-605 of the Vehicle Code [625 ILCS 5/11-605], the speed limit that is in force when the special school speed zone is not in effect shall be used. If speed limit signs are not present, the speed of traffic shall be considered to be 30 miles per hour in an urban area and 55 miles per hour in a rural area.

"Train" - One locomotive by itself, 2 or more locomotives coupled together, or one or more locomotives with train cars.

"Train speed" - The highest lawful speed at the crossing. This may be obtained from either the railroad company or the Illinois Commerce Commission, or local law enforcement officials may use radar.

"Volume of traffic" - The peak hourly volume of traffic during the

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periods when pupils are going to or from school. In many cases, Average Daily Traffic (ADT) volumes may be available from the agency maintaining a road (the State or county highway department or municipal street department). In those cases the hourly volumes may be considered as 15 percent of the ADT in rural areas and 10 percent in urban areas. If no ADT figures are available, or if the school district prefers, it may make a one hour count (of vehicles in both directions) on a typical school day (e.g., 7:30 a.m.-8:30 a.m., 2:30 p.m.-3:30 p.m., or, for kindergarten pupils, during the noon hour period).

"Walkway" - The area on which pupils normally walk along a street or highway, including a concrete sidewalk, a surfaced or unsurfaced pathway, or a roadway shoulder. The walkway, when immediately adjacent to the roadway, must be at least 2 feet in width and maintained in suitable walking condition throughout the school year; otherwise, the pupils should be considered walking on the roadway, a Type II hazard. Walkway also includes pathways created by school districts or other groups on public land that may be used by pupils to avoid a more hazardous route.

(Source: Added at 25 Ill. Reg. 16518, effective)

Section 556.120 Walking Along a Roadway (Type I hazard)

- a) A serious Type I safety hazard exists if the total of the points from the tables and any judgment points equals or exceeds 12 and the situation qualifies for points from at least Tables 1, 2 and 5. The situation is not disqualified if no points are obtained from Tables 3 and 4. School districts should add judgment points if found proper even though the points from the tables alone equal or exceed 12.
- b) Determination of serious safety hazard.
 - 1) Factors to be considered. The following factors are relevant in determining whether children walking along a roadway are endangered by a serious safety hazard: grade of pupil, location of walkway in relation to roadway, speed of traffic, volume of traffic and length of hazardous sections. To determine whether a serious safety hazard exists in a particular situation, a school board shall assign points as appropriate for these factors using the following tables (fractional points may be assigned only in accordance with the tables):

A) Grade of Pupil - Table 1

GRADE POINTS

K-8 5

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9-12 2

B) Location of Walkway - Table 2

LOCATION	DIST. BETWEEN EDGES OF ROADWAY AND WALK*	POINTS
Walkway on Shoulder (no curb present)	Less than 5 Ft. 5 Ft. - 10 Ft.	3 1
Walkway Behind Curb or Ditch	Less than 4 Ft. 4 Ft. - 8 Ft.	2 0.5

* Pupils walking immediately adjacent to the roadway on a walkway less than 2 feet in width are considered to be walking on the roadway.

C) Speed of Traffic - Table 3

SPEED (MPH)	POINTS
50-55	4
40-45	2
30-35	0.5

D) Volume of Traffic - Table 4

HOURLY VOLUME	2-Lane	4-Lane
Greater than 1500	5	4
1200-1500	4	3
800-1199	3	2
400-799	2	1
100-399	1	0.5

E) Length of Hazardous Section - Table 5

DISTANCE (MILES)	POINTS
Greater than 1.0	2
0.8 - 1.0	1.5
0.5 - 0.7	1
0.2 - 0.4	0.5

2) Judgment points. A school district may add one or two points for judgment factors peculiar to the hazards due to vehicular traffic

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in a specific situation. These additions must be accompanied by adequate information to justify the special circumstances being considered.

3) Examples:

A) Pupils going to an elementary school with pupils through 5th grade, on a walkway 4' from the roadway on a shoulder, along a 2-lane road posted 50 m.p.h., with an hourly average volume of 500 vehicles, for a distance of 1/2 mile, would have the following points:

$$5(\text{Table 1}) + 3(\text{Table 2}) + 4(\text{Table 3}) + 2(\text{Table 4}) + 1(\text{Table 5}) = 15$$

Since the point total (15) exceeds 12, the situation qualifies for all pupils at the school.

B) Pupils going to an elementary school with pupils through 6th grade, on a walkway 3' from a 4-lane roadway that has curbs and is posted at 25 m.p.h., with an hourly average volume of 1300 vehicles, for a distance of 1 1/4 mile, would have the following points:

$$5(\text{Table 1}) + 2(\text{Table 2}) + 0(\text{Table 3}) + 3(\text{Table 4}) + 2(\text{Table 5}) = 12$$

Since the point total equals 12, the situation qualifies for pupils through 6th grade. Points from tables 1, 2 and 5 (but not 3 and 4) are required to qualify for this type (Type I) of hazardous situation.

(Source: Renumbered from Section 556.103 to Section 556.120 and amended at 25 Ill. Reg. 16518, effective 1/1/84)

Section 556.130 Walking on a Roadway (Type II hazard)

a) Qualification. A serious Type II safety hazard exists if the total of the points from the tables and any judgment points equals or exceeds 12 and the situation qualifies for points from at least Tables 6, 7 and 10. The situation is not disqualified if no points are obtained from Tables 8 and 9. School districts should add judgment points if found proper even though the points from the tables alone equal or exceed 12.

b) Determination of serious safety hazard.

1) Factors to be considered. The following factors are relevant in determining whether pupils who must walk on a roadway are endangered by a serious safety hazard: grade of pupil, reason for walking on the roadway, speed of traffic, volume of traffic, and length of hazardous section. To determine whether a serious

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safety hazard exists in a particular situation, a school board shall assign points as appropriate for these factors using the following tables (fractional points may be assigned only in accordance with the tables):

A) Grade of Pupil - Table 6

GRADE	POINTS
K-8	5
9-12	2

B) Reason for Walking on Roadway - Table 7

LOCATION	POINTS
On roadway* for a minimum of 350 feet because no shoulder or walkway exists off the pavement.	3
On roadway* for a minimum of 50 feet because of a narrow bridge or underpass.	4

*Pupils walking immediately adjacent to the roadway on a walkway less than 2 feet in width are considered to be walking on the roadway.

C) Speed of Traffic - Table 8

SPEED (MPH)	POINTS
50-55	4
40-45	2
30-35	0.5

D) Volume of Traffic - Table 9

HOURLY VOLUME	2-Lane	POINTS	4-Lane
Greater than 1500	5		4
1200-1500	4		3
800-1199	3		2
400-799	2		1
100-399	1		0.5

E) Length of Hazardous Section - Table 10

DISTANCE (MILES)	POINTS
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Greater than 1.0	5
0.8 - 1.0	4
0.5 - 0.7	3
0.2 - 0.4	2
Less than 0.2	1

2) Judgment points. A school district may add one or two points for judgment factors peculiar to the hazards due to vehicular traffic in a specific situation. These additions must be accompanied by adequate information to justify the special circumstances being considered.

3) Examples:

A) Pupils going to a school with pupils through 12th grade, walking on a roadway for 100 feet because of a narrow bridge on a two-lane road posted 50 miles per hour, with an hourly average volume of 500 vehicles, would have the following points:

$$2(\text{Table 6}) + 4(\text{Table 7}) + 4(\text{Table 8}) + 2(\text{Table 9}) + 1(\text{Table 10}) = 13$$

Since the point total (13) exceeds 12, all pupils through 12th grade would qualify. (Note that pupils through 8th grade would be eligible for additional points from Table 6, but since pupils through 12th grade qualify, only one submittal is required.)

B) Pupils going to a school with pupils through 6th grade, walking 250 feet on a 2-lane roadway posted for 50 miles per hour with no shoulder or walkway, with an hourly volume of 500 vehicles would have the following points:

$$5(\text{Table 6}) + 0(\text{Table 7}) + 4(\text{Table 8}) + 2(\text{Table 9}) + 1(\text{Table 10}) = 12$$

Although the point total is 12, the situation would not qualify because points from Tables 6, 7 and 10 are required to qualify for this type (Type II) of hazardous situation. The situation did not qualify for points from Table 7 because it existed only for a length of 250 feet.

(Source: Renumbered ~~16th~~ 16th Section 556.104 to Section 556.130 and amended at 25 Ill. Reg. _____, effective _____)

Section 556.140 Crossing a Roadway (Type III hazard)

a) Qualification. A serious Type III safety hazard exists if the total

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of the points from the tables and any judgment points equals or exceeds 12 and the situation qualifies for points from at least Tables 11, 12 and 14. The situation is not disqualified if no points are obtained from Table 13. School districts should add judgment points if found proper even though the points from the tables alone equal or exceed 12.

b) Determination of serious safety hazard.

1) Factors to be considered. The following factors are relevant in determining whether pupils crossing a roadway are endangered by a serious safety hazard: grade of pupil, type of intersection control, speed and volume of traffic, and width of roadway. To determine whether a serious safety hazard exists in a particular situation, a school board shall assign points as appropriate for these factors using the following tables (fractional points may be assigned only in accordance with the tables):

A) Grade of Pupil - Table 11

GRADE	POINTS
K-8	5
9-12	2

B) Type of Intersection Control - Table 12

CONTROLS ON ROADWAY
BEING CROSSED

	POINTS
No stop control	3
Traffic signals	2
Two-way stop control	1
Control providing pedestrian protection. (All way stop, or adult crossing guards.)	0.5

Where pupils must cross more than one roadway at an intersection, the control with greatest point value should be considered.

C) Speed and Volume of Traffic - Table 13

SPEED (MPH)	HOURLY VOLUMES	POINTS
45 - 55	Greater than 1500	5
	1000 - 1500	4
	500 - 999	3
	250 - 499	2

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100 - 249	1
Greater than 1500	4
1000 - 1500	3
500 - 999	2
250 - 499	1
Less than 30	3
Greater than 1500	2
1000 - 1500	2
500 - 999	1

D) Width of Roadway - Table 14

WIDTH (FT)	POINTS
40 or Greater	2
25 - 39	1
24 or Less	0.5

2) Judgment points. A school district may add one or two points for judgment factors peculiar to the hazards due to vehicular traffic in a specific situation. These additions must be accompanied by adequate information to justify the special circumstances being considered.

3) Examples:

Pupils going to a junior high school with pupils from 6th through 9th grades, crossing a highway at an intersection where the highway traffic is not required to stop, that is posted 45 m.p.h., has an hourly volume of 600, and is 48' wide, would have the following points:

$$2(\text{Table 11}) + 3(\text{Table 12}) + 3(\text{Table 13}) + 2(\text{Table 14}) = 10$$

Since the point total is less than 12, all pupils through 9th grade would not qualify. However, pupils through 8th grade would qualify and if special considerations could justify two judgment points, pupils up through 9th grade would qualify.

(Source: Renumbered from Section 556.105 to Section 556.140 and amended at 25 Ill. Reg. 16518, effective _____)

Section 556.150 Crossing Railroad Tracks (Type IV hazard)

a) Qualification. A serious Type IV safety hazard exists if a situation qualifies for points from all of Tables 15 through 17 and the total of the points from the tables and any judgment points equals or exceeds 12. School districts should add judgment points if found proper even

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b) though the points from the tables alone equal or exceed 12.

b) Determination of serious safety hazard.

- 1) Factors to be considered. The following factors are relevant in determining whether pupils crossing railroad tracks are endangered by a serious safety hazard: grade of pupil, crossing protection and number of tracks, and speed and number of trains. To determine whether a serious safety hazard exists in a particular situation, a school board shall assign points as appropriate for these factors, using the following tables (fractional points may be assigned only in accordance with the tables):

A) Grade of Pupil - Table 15

GRADE	POINTS
K-8	5
9-12	2

B) Crossing Protection and Number of Tracks - Table 16

NUMBER OF TRACKS (In use during school crossing hours)	POINTS	
	Active Protection	Crossbucks Only
3 or more	3	5
2	2	4
1	1	2

C) Speed and Number of Trains - Table 17

DAILY NUMBER OF TRAINS (During School crossing periods)	POINTS	
	Less than 40	40 or Greater
4 or more	4	5
3	3	4
2	2	3
1	1	2

- 2) Judgment points. A school district may add one or two points for judgment factors peculiar to the hazards due to vehicular traffic in a specific situation. These additions must be accompanied by adequate information to justify the special circumstances being considered.

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3) Examples:

Pupils going to an elementary school with pupils through 9th grade, crossing a 2-track crossing with flashing lights, that has 3 trains crossing daily during the periods pupils are going to and from school, at speeds up to 49 m.p.h., and where there are also switching operations that would justify 2 judgment points, would have the following points:

$$2(\text{Table 15}) + 2(\text{Table 16}) + 4(\text{Table 17}) + 2(\text{judg.}) = 10$$

Since the point total is less than 12, the pupils in 9th grade would not qualify but those in K through 8th grade would. An application for pupils only through 8th grade should be submitted.

(Source: Renumbered from Section 556.106 to Section 556.150 and amended at 25 Ill. Reg. 16518, effective _____)

Section 556.160 Multiple Hazards

- a) Pupils walking to school may encounter multiple hazardous situations. A serious safety hazard exists if the total of the points from the tables and any judgment points for any two situations encountered by the same pupils equals or exceeds 20 points. Multiple hazards consist of the two worst hazard situations.

b) Examples:

- 1) Pupils through 12th grade walking on a shoulder 4' wide where there is no curb, along a 2-lane road posted at 40 m.p.h. with an hourly volume of 1100 vehicles, for a distance of 0.5 mile, would have the following points for this Type I hazard (see tables in Section 556.120(b)(1)):

$$2(\text{Table 1}) + 3(\text{Table 2}) + 2(\text{Table 3}) + 3(\text{Table 4}) + 1(\text{Table 5}) = 11$$

This situation alone would not qualify.

- 2) The same pupils also cross the same 2-lane road which is 30' wide at the crossing where there is no intersection control for the roadway being crossed. The points for this Type III hazard are as follows (see tables in Section 556.140(b)(1)):

$$2(\text{Table 11}) + 3(\text{Table 12}) + 3(\text{Table 13}) + 1(\text{Table 14}) = 9$$

This situation alone would not qualify. However, the same pupils encounter both situations and since the point total for both situations equals 20, there exists a serious safety hazard for pupils through 12th grade.

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(Source: Renumbered from Section 556.107 to Section 556.160 and amended at 25 Ill. Reg. 16518, effective _____)

Section 556.170 Procedures

- a) Determination by local school board.
- The determination by a local school board that a serious safety hazard exists or does not exist shall be made in accordance with this Part, and on a form promulgated by the Department. A separate form is required for each location and not for each pupil. A school board's determination shall be supported by findings on those factors that were found to contribute to the hazard. Findings shall be indicated by completion of appropriate portions of the submittal form. Example: Speed of traffic (45 m.p.h.). Volume of traffic (900 vehicles/hour). Length of hazardous section (1.2 miles). Each submittal shall be certified true and correct by an authorized representative of the school board making the submission. Long-term construction projects may have an effect on the safety of a route used by pupils walking to and from school. This could include increases in the hourly volumes of traffic, a change in the length of a hazardous section or a relocation of a walkway. Consideration of these factors may result in a serious safety hazard finding for a route that would not otherwise qualify for such a finding. Where this is the case, a temporary safety hazard determination may be made on a school year by school year basis. The decision to conduct a serious safety hazard study in accordance with this Part may be made independently by the school board. However, such a study is required to be made by the school board when requested in writing to do so by a parent or guardian of a pupil who must walk along the route in question.
- b) Submission of determination. A school board shall submit the determination form and a map showing the location of the hazard and the route walked by the pupils to the Department for review. The submittal may include other materials, such as photographs, the school board believes will aid in the Department's review. All parts of the submittal shall be in documentary form. A school board shall make its submission to the Department's District Office in which the school district is situated. A school board need not submit forms to the Department that do not support a finding of a serious safety hazard unless requested in writing to do so by a custodian of a pupil who must walk along the route in question.
- c) Department review.
- 1) Within 30 days after submission, the Department will approve or disapprove the school board's determination. If a submittal is incomplete, the Department will disapprove without prejudice and inform the school district why it is considered incomplete. If a submittal is complete, it will be reviewed by the District Office. Each form will be considered as a separate submission and an incomplete submittal will not delay approval of others

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- submitted at the same time.
- 2) The Department's review will consist of those procedures appropriate to determine the correctness of the findings. The procedures may include the following: visiting the route in question, consulting traffic count records or counting vehicles, measuring length and width of roadways, observing train movements and obtaining train speeds from railroads, regulatory authorities or law enforcement officials. The persons conducting the review will document the procedures employed and information obtained.
- 3) If a determination is disapproved, the Department will, in writing, inform the school board why and upon what information the Department's decision was based. A determination will not be disapproved because judgment points were not justified unless the school board gives no reason for the judgment points or unless the reason given is completely implausible or obviously not related to vehicular traffic.
- 4) A disapproved determination may not be resubmitted for Department review during the same school year in which it was originally submitted, unless conditions have changed. However, a determination that is disapproved because of incompleteness may be resubmitted at any time.
- d) Verification upon request from State Superintendent.
- The School Code provides that school districts shall annually review the conditions and certify to the State Superintendent of Education whether or not the hazardous conditions remain unchanged. The State Superintendent may request the Department to verify that conditions have not changed. Any such request by the State Superintendent shall be made to the Secretary of the Department. The Secretary will assign a request for verification to the appropriate District Office.
- e) Reimbursement.
- A school district shall maintain a copy of each approved safety busing submittal in its files for future auditing of district transportation claims. Eligibility for reimbursement of transportation costs for qualifying pupils are effective on the date of the approval by the Department's District Engineer. Actual reimbursement will be handled in a manner similar to other transportation reimbursement procedures and questions should be referred to the State Superintendent of Education, rather than the Department. Questions regarding statutory provisions such as providing transportation for private schools and the prohibition of State reimbursement where adequate public transportation is available should also be addressed to the State Superintendent.

(Source: Renumbered from Section 556.108 to Section 556.170 and amended at 25 Ill. Reg. 16518, effective _____)

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1) Heading of the Part: Custodial Transportation of Pupils Where Walking Constitutes a Serious Safety Hazard

2) Code Citation: 92 Ill. Adm. Code 557

3) Section Numbers: Adopted Action:

557.100	Amend
557.110	Amend
557.120	Amend
557.130	Amend
557.140	Amend
557.150	Amend
557.160	Amend
ILLUSTRATION A	New

4) Statutory Authority: Implementing and authorized by Section 29-5.2 of the School Code [105 ILCS 5/29-5.2]

5) Effective Date of Amendments: December 18, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: August 3, 2001, 25 Ill. Reg. 9837

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Differences between proposal and final version: Various grammatical corrections were made throughout the Part. A District Boundary Map was added as an Illustration.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect?
No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: By this Notice, the Department has amended, at the request of the Illinois State Board of Education, Part 557 as follows:

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Section 557.100 has been updated and clarified.

Section 557.110 has been updated.

Section 557.120 has been revised to provide safety to all students in grades Kindergarten through 8th grade as one category since, under the current rule, many 7th and 8th graders do not qualify for reimbursement while 6th graders going to the same school over the same route do qualify. Many middle schools now contain pupils in grades 6 through 8.

Section 557.160 has been revised to add a provision that recognizes a temporary condition that could make a route more hazardous for a finite period of time. The revisions to this Section also clarify the review/approval process.

A District Boundary Map has been added as an Illustration to the Part.

16) Information and questions regarding these adopted amendments shall be directed to:

Mr. Joe Hill, Chief, Engineer of Operations
Illinois Department of Transportation
Division of Highways
2300 South Dirksen Parkway, Room 009
Springfield, Illinois 62764
(217) 782-7231

The full text of the adopted amendments begins on the next page:

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TITLE 92: TRANSPORTATION
 CHAPTER I: DEPARTMENT OF TRANSPORTATION
 SUBCHAPTER f: HIGHWAYS

PART 557

CUSTODIAL TRANSPORTATION OF PUPILS WHERE
 WALKING CONSTITUTES A SERIOUS SAFETY HAZARD

Section	Purpose and-Scope
557.100	Definitions
557.110	Determination
557.120	Walking On or Along a Roadway (Type I Hazard)
557.130	Crossing a Roadway (Type II Hazard)
557.140	Crossing Railroad Tracks (Type III Hazard)
557.150	Procedures
557.160	

ILLUSTRATION A District Boundary Map

AUTHORITY: Implementing and authorized by Section 29-5.2 of the School Code [105 ILCS 5/29-5.2].

SOURCE: Emergency rules adopted at 10 Ill. Reg. 14843, effective August 27, 1986, for a maximum of 150 days; emergency expired January 24, 1987; adopted at 11 Ill. Reg. 6514, effective March 27, 1987; Part repealed, new Part adopted at 14 Ill. Reg. 17016, effective October 2, 1990; amended at 25 Ill. Reg. 16534, effective _____.

Section 557.100 Purpose and-Scope

This Part establishes guidelines and procedures for determining the existence of a serious safety hazards hazard encountered by pupils walking on or along roadways, crossing roadways and crossing railroad tracks. This determination allows Section--29-5.2-of--the-School-Code--(111--Rev--Stat--1989--ch--1227--par--29-5-2)--provides for the State Board of Education to provide reimbursement of transportation costs to custodians of pupils who choose to transport pupils residing within 1-1/2 miles from the school attended where vehicular traffic conditions are such that walking constitutes a serious hazard to the safety of the pupils, and access to transportation provided entirely at public expense access--to--transportation--entirely--at--public--expense is not available [Section 29-5.2(c) of the School Code [105 ILCS 5/29-5.2(c)]]. Both custodians and qualifying pupils must be residents of the State of Illinois (Section 29-5.2(b)(1)(A) of the School Code (111--Rev--Stat--1989--ch--1227--par--29-5-2(b)(1)(A))). This Part applies to serious safety hazards encountered by school children--walking--on--or--along--roadways--crossing--roadways--and--crossing railroad--tracks:

(Source: Amended at 25 Ill. Reg. 16534, effective _____)

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Section 557.110 Definitions

The following words or phrases when used in this Part shall have the meanings ascribed to them below.

"Active Protection Warning" - Any protection warning device that is designed to be actuated by the approach of an oncoming train (including lights, bells and gates) or protection warning by a crossing guard.

"Crossbucks Only" - Protection Warning provided only by an "X" shaped sign mounted on a post at a rail-highway crossing inscribed with the words "Railroad" on one panel and "Crossing" on the other.

"Curb" - A vertical or sloping barrier along a roadway at least four inches high, clearly defining the edge of a roadway.

"Department" - The Illinois Department of Transportation, acting through its District Engineers.

"Roadway" - The portion of a road, street or highway on which vehicles travel, consisting of the pavement surface, exclusive of the shoulders.

"School Code" - The--School--Code--105 ILCS 5/29-5.2 (111--Rev--Stat--1989--ch--1227--par--29-5-2).

"Shoulder" - The relatively flat area between the outer edge of a roadway with no curb and the point where the earth begins sloping either upward or downward, intended for the accommodation of stopped vehicles or for emergency use.

"Speed of Traffic" - The speed of traffic shall be based on the posted speed limit. In special school speed zones as authorized by Section 11-605 of the Illinois Vehicle Code [625 ILCS 5/11-605], Rules-of--the-Road--(111--Rev--Stat--1989--ch--95-1/27--par--11-605) the speed limit that is in force when the special school speed zone is not in effect shall be used. If speed limit signs are not present, the speed of traffic shall be considered to be 30 miles per hour in an urban area and 55 miles per hour in a rural area.

"Volume of Traffic" - The volume of traffic shall be classified as light, moderate or heavy on the basis of a five minute vehicular traffic count during either the morning or afternoon crossing period. The morning afternoon crossing period is that time of day when pupils are crossing or passing through hazardous locations. Volume of traffic shall be classified through the use of the following:

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VOLUME	2-LANES (1 OR 2 WAY)	3-LANES/MORE (1 WAY) 4-LANES/MORE (2 WAY)
Heavy	More than 40 vehicles	More than 60 vehicles
Moderate	20-40 vehicles	40-60 vehicles
Light	Less than 20 vehicles	Less than 40 vehicles
(Source: Amended at 25 Ill. Reg. _____, effective _____)		16534

Section 557.120 Determination

The determination of a serious safety hazard will shall be made on the basis of the number of points the hazardous conditions condition along a school route accumulates when rated in accordance with this Part. When a pupil encounters a combination of hazardous conditions, the determination of a serious safety hazard will shall be made on the basis of the total number of the points for any two situations as accumulated under from this Part. Reimbursement will be given shall-be-received for transporting a pupil who if--he/she must walk through a section sections that produces at least the following points:

GRADES	SINGLE TYPE I, II OR III HAZARD	COMBINATION OF TWO TYPE I, II AND/OR III HAZARDS
--------	---------------------------------------	--

K-86	10 points	18 points
7-8	13 points	24 points
9-12	15 points	27 points

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 557.130 Walking On or Along a Roadway (Type I Hazard)

In determining whether a pupil walking on or along a roadway is endangered by a serious safety hazard, the location of a pupil in relation to the roadway, speed and volume of traffic, and length of hazardous section will shall be considered. To determine whether a serious safety hazard exists in a particular situation, appropriate points from subsections (a) and (b) will shall be added together.

a) Type and Length of Hazardous Section

LOCATION OF PUPIL	LENGTH	POINTS
On roadway for a minimum of 50' because of narrow bridge or overpass	50'-100' 100'-200' More than 200'	7 points 9 points 10 points

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On roadway for a minimum of 300' because of no shoulder or sidewalk	300'-1000' 1000'-2000' More than 2000'	7 points 9 points 10 points
On narrow shoulder within 5' of roadway for a minimum of 0.2 mile	0.2-0.5 mile 0.5-1 mile More than 1 mile	6 points 8 points 10 points
b) Speed and Volume of Traffic		

SPEED	VOLUME	POINTS
-------	--------	--------

50-55 mph	Heavy Moderate Light	8 6 4
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40-45 mph	Heavy Moderate Light	6 4 2
-----------	----------------------------	-------------

30-35 mph	Heavy Moderate Light	5 3 1
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(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 557.140 Crossing a Roadway (Type II Hazard)

In determining whether a pupil crossing a roadway is endangered by a serious safety hazard, the type of traffic control, number of lanes, and speed and volume of traffic on the roadway will shall be considered. To determine whether a hazard exists in a particular situation, appropriate points from subsections (a) and (b) will shall be added together.

a) Type of Traffic Control

CONTROL OF TRAFFIC ON ROADWAY BEING CROSSED	TWO LANES OR MORE	THREE LANES OR MORE
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Does Not Stop	6 points	8 points
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Stopped by signals or stop sign	2 points	4 points
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b) Speed and Volume of Traffic

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SPEED	VOLUME	POINTS
50-55 mph	Heavy	8
	Moderate	6
	Light	4
40-45 mph	Heavy	6
	Moderate	4
	Light	2
30-35 mph	Heavy	5
	Moderate	3
	Light	1
(Source: Amended at 25 Ill. Reg. 16534 - , effective)		

Section 557.150 Crossing Railroad Tracks (Type III Hazard)

In determining whether a pupil crossing a railroad track is endangered by a serious safety hazard, the number of tracks, type of crossing protection warning, and number of daily trains during school crossing periods will shall be considered. To determine whether a hazard exists in a particular situation, appropriate points from subsections (a) and (b) will shall be added together.

a) Number of Tracks and Type of Protection Warning

TYPE OF PROTECTION WARNING	
NO. OF TRACKS	CROSSBUCKS ONLY CROSSBUCK
3 or more 1 or 2	6 points 4 points
b) Number of Trains	
NO. OF DAILY TRAINS DURING SCHOOL CROSSING PERIODS	POINTS
4 or more 3 2 1	7 6 5 4
(Source: Amended at 25 Ill. Reg. 16534 - , effective)	

Section 557.160 Procedures

a) Request by custodian for determination.
A request by a custodian for a determination that a serious safety hazard exists shall be made in accordance with this Part, and on an application a form promulgated by the Illinois Department of Transportation (the Department). This form will shall be provided by the Superintendent of the Educational Service Region for the county in which the custodian resides. A custodian's request shall be supported by findings on those factors that which were found to contribute to the hazard. Findings shall be indicated by completion of appropriate portions of the application submittal form. Example: Speed of traffic (45 m.p.h). Volume of traffic (60 vehicles/five minute vehicular traffic count). Length of hazardous section (1.2 miles). Each submittal shall be certified true and correct by the custodian making the submission.

AGENCY NOTE: Long-term construction projects may have an effect on the safety of a route used by pupils walking to and from school. The effect may include increases in the type and length of the hazardous section, the speed and volume of the traffic, traffic control, the number of lanes of traffic to be crossed, the number of railroad tracks to be crossed, the type of railroad protection utilized and the number of daily trains passing during the school crossing periods. A request submitted using these revised figures may result in a serious safety hazard finding for a route that would not otherwise qualify for such a finding.

b) Submission of request.

An application form and a map or sketch showing the location of the hazard and the route walked by the pupil child shall be submitted by the custodian to the Regional Superintendent of Education for the area in which the custodian is situated no later than February 1 of the school year for which reimbursement will be sought. On or before February 15 of each year, the Regional Superintendent will shall forward the request to the appropriate District Office of the Illinois Department (see Section 557.111, Illustration A, District Boundary Map for a listing of District addresses and phone numbers) of Transportation. The submittal may include other written materials, including photographs, that which the custodian believes will aid in the Department's review.

c) Department review.

- 1) The Department will review and approve or disapprove the custodian's request within 30 days after submission of the request by the Regional Superintendent to the Department.
- 2) If a submittal is incomplete, the Department will disapprove it without prejudice and will, in writing, state why it is considered incomplete. A request that is disapproved because of incompleteness may be resubmitted by the custodian within 30 days after the custodian's receipt of notice by the Department that

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the request is incomplete.

3) The Department's review will consist of determining the correctness of the information shown on the application form. This review will include, but is not limited to, the following: viewing the location; consulting vehicular volume count maps or counting vehicles; measuring length and width of roadways; and observing train movements and obtaining train speeds from railroads, regulatory authorities or law enforcement officials.

The persons conducting the review will document the procedures utilized and information obtained. Requests, whether approved or disapproved, will be returned to the Regional Superintendent for distribution to custodians. If a complete request is disapproved, the Department will, in writing, state why and upon what information the Department's decision was based.

1) Within 90 days of submission of the request by the Regional Superintendent to the Department, the Department shall approve or disapprove the custodian's request. The Department's review shall consist of determining the correctness of the information shown on the application form. This review shall include but is not limited to the following: taking a view of the location; consulting vehicular volume count maps or counting vehicles; measuring length and width of roadways; observing train movements and obtaining train speeds from railroads; regulatory authorities or law enforcement officials. The persons conducting the review shall document the procedures employed and information obtained. Requests, whether approved or disapproved, shall be returned to the Regional Superintendent for distribution to custodians.

2) If a submitter is incomplete, the Department shall disapprove it without prejudice and state why it is considered incomplete. A request which is disapproved because of incompleteness may be resubmitted by the custodian within 90 days of the custodian's receipt of notification by the Department that the request is incomplete.

3) If a submitter is complete, it will be reviewed by the District Office. If a complete request is disapproved, the Department shall, in writing, state why and upon what information the Department's decision was based.

d) Reimbursement.

Since the actual reimbursement to custodians is shall be handled by the State Superintendent of Education, rather than the Illinois Department of Transportation, custodians shall refer questions regarding reimbursement shall be referred to the State Superintendent.

(Source: Amended at 25 Ill. Reg. 16534, effective

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Section 557. ILLUSTRATION A District Boundary Map

GRAPHIC MATERIAL

See printed copy of IAC for detail

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(Source: Added at 25 Ill. Reg. 165342, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Procedures for Gas, Electric, Water and Sanitary Sewer Utilities Governing Eligibility for Service, Deposits, Payment Practices and Discontinuance of Service
- 2) Code Citation: 83 Ill. Adm. Code 280
- 3) Section Numbers: 280.70
Emergency Action: Amendment
- 4) Statutory Authority: Implementing the Small Business Utility Deposit Relief Act [220 ILCS 35] and Sections 8-101 and 8-207 of the Public Utilities Act [220 ILCS 5/8-101 and 8-207], and authorized by Section 8 of the Small Business Utility Deposit Relief Act [220 ILCS 35/8] and Sections 8-101, 8-207, and 10-101 of the Public Utilities Act [220 ILCS 5/8-101, 8-207, and 10-101].
- 5) Effective Date of Rules: December 13, 2001
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire: N/A
- 7) Date Filed with the Index Department: December 12, 2001
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the Commission's Springfield office and is available for public inspection.
- 9) Reason for Emergency: The U.S. Treasury no longer sells 1 year treasury bills. This instrument provided the basis for the Commission's setting of an interest rate to be paid by public utilities on deposits.
- 10) A Complete Description of the Subjects and Issues Involved: The Commission has established rules concerning the deposits to be paid by applicants for service and customers. In Section 280.70(e)(1), the Commission states:

Interest shall be paid on all deposits held by the utility. The rate of interest to be paid on such deposits will be calculated following completion of the instant rulemaking procedures and every December thereafter. The rate of interest will be the same as the rate existing for one year United States treasury bills at that point in time when the determination of the interest rate is made by the Commission. The interest rate will be rounded to the nearest one-half (1/2) of one percent (1%). In December of each year the Commission shall announce the rate of interest which shall be paid on all deposits held during all or part of the subsequent year.

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NOTICE OF EMERGENCY AMENDMENT

The United States Treasury no longer offers one year (52 week) Treasury bills. The last auction of 52 week U.S. Treasury bills took place on February 27, 2001. The discount rate for these bills is 4.240%, and the investment yield is 4.442%. Based on the current financial markets, this rate established in February is not supportable for the interest rate to be paid by utilities on the deposits during 2002.

As an alternative, the Commission will use the average 1-year yield on U.S. Treasury securities for the last full week in November as the rate to be paid by utilities on deposits for the next calendar year. This will provide a rate analogous to the rate on the one year bills previously sold.

This rulemaking is limited in scope to the selection of the government instruments to be used as the basis for the interest rate to be paid on deposits by utilities and telecommunications carriers.

- 11) Are there any proposed amendments to this Part pending: No
- 12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any state mandate on units of local government school districts, or community college districts.
- 13) Information and questions regarding this amendment shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701
(217) 785-3922
Fax: (217) 524-9280

The full text of the Emergency Amendment appears on the next page:

ILLINOIS COMMERCE COMMISSION
NOTICE OF EMERGENCY AMENDMENT

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER b: PROVISIONS APPLICABLE TO
MORE THAN ONE KIND OF UTILITY

PART 280
PROCEDURES FOR GAS, ELECTRIC, WATER AND SANITARY SEWER
UTILITIES GOVERNING ELIGIBILITY FOR SERVICE, DEPOSITS,
PAYMENT PRACTICES AND DISCONTINUANCE OF SERVICE

Section	
280.10	Policy
280.20	Scope and Application
280.30	Saving Clause
280.40	Definitions
280.50	Applicants for Service
280.60	Present Customers
280.70	Deposits
EMERGENCY	
280.75	Refunds
280.76	Refunds of Additional Charges
280.80	Estimated Bills
280.90	Past Due Bills and Late Payment Charges
280.100	Unbilled Service
280.105	Treatment of Illegal Taps
280.110	Deferred Payment Agreements
280.120	Budget Payment Plan
280.130	Discontinuance of Service
280.135	Discontinuance of Service During the Period of Time from December 1 Through and Including March 31
280.138	Reconnection of Former Residential Utility Customers for the Heating Season
280.140	Discontinuance of Service to Accounts Affecting Master Metered Apartment Buildings
280.150	Service Reconnection Charge
280.160	Dispute Procedures
280.170	Commission Complaint Procedures
280.180	Public Notice of Commission Rules
280.190	Second Language Notices
280.200	Customer Information Booklet
APPENDIX A	Notice of Utility Shut Off
APPENDIX B	Requirements to Avoid Shut Off of Service in the Event of Illness
APPENDIX C	Public Notice
APPENDIX D	Insert to be Included with Each Notice of Disconnection Sent to Residential Gas and Electric Customers

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ILCS 35] and Sections 8-101 and 8-207 of the Public Utilities Act [220 ILCS 5/8-101 and 8-207], and authorized by Section 8 of the Small Business Utility Deposit Relief Act [220 ILCS 35/8] and Sections 8-101, 8-207, and 10-101 of the Public Utilities Act [220 ILCS 5/8-101, 8-207, and 10-101].

SOURCE: Rule repealed, new rule adopted at 3 Ill. Reg. 1, p. 102, effective January 6, 1979; emergency amendment at 3 Ill. Reg. 46, p. 65, effective November 16, 1979, for a maximum of 150 days; amended at 4 Ill. Reg. 46, p. 1274, effective November 10, 1980; amended at 6 Ill. Reg. 10917, effective September 7, 1982; amended at 6 Ill. Reg. 13723, effective November 8, 1982; amended at 7 Ill. Reg. 9285, effective July 22, 1983; codified at 7 Ill. Reg. 13218; emergency amendment at 7 Ill. Reg. 14543, effective October 18, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 13221, effective November 1, 1983; emergency amendment at 7 Ill. Reg. 16667, effective December 1, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 3664, effective March 15, 1984; emergency amendment at 8 Ill. Reg. 17924, effective September 13, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21222, effective October 15, 1984; amended at 9 Ill. Reg. 2268, effective February 8, 1985; amended at 16 Ill. Reg. 11023, effective July 1, 1992; amended at 17 Ill. Reg. 805, effective January 15, 1993; amended at 18 Ill. Reg. 6160, effective May 1, 1994; amended at 18 Ill. Reg. 17974, effective December 15, 1994; emergency amendment at 25 Ill. Reg. 16545, effective December 13, 2001, for a maximum of 150 days.

Section 280.70 Deposits

EMERGENCY

- a) Applicants for Service - Conditions under which a utility may request a deposit from applicants for service are set out in Section 280.50 herein.
- b) Present Customers - Conditions under which a utility may request a deposit from present customers are set out in Section 280.60 herein.
- c) Amount

- 1) Deposits required of applicants for residential service, residential customers, applicants for non-residential service which are not "small businesses" (see Section 280.40), and non-residential customers which are not small businesses, shall be governed by the following:

A) In the case of gas utilities and electric utilities, no utility shall request a deposit from an applicant for residential service or from a residential customer in excess of 1/6 of the estimated annual charges for service for the applicant or customer computed at the net rate for that class of service. (Section 3 of P.A. 83-1343). In the case of gas utilities and electric utilities, no utility shall request a deposit from an applicant for non-residential service or from a non-residential customer in excess of 1/3 of the amount of the estimated annual charges for service for the applicant or customer computed at the net rate for

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that class of service. In the case of water utilities and sanitary sewer utilities, no utility shall request a deposit from an applicant or customer in excess of 1/3 of the estimated annual charges for service computed at the net rate for that class of service.

- B) A utility may request that a minimum of 1/3 of the amount of a requested deposit be paid within twelve days after the issue date of the request for deposit. At least two billing periods shall be allowed by gas utilities and electric utilities in which to pay the balance of the deposit. A period of thirty days shall be allowed by water utilities and sanitary sewer utilities in which to pay the balance of the deposit.

- 2) Deposits required of small business applicants and customers shall be governed by the following:

- A) No utility subject to this Part shall request a deposit from a small business in excess of 1/6 of the estimated annual charge for service for that small business computed at the net rate for that class of service.

- B) A utility may request a minimum amount equal to 1/3 of a requested deposit to be paid within 12 days after the issue date of a notice requesting such deposit. A utility may require the full payment of the remaining balance of the deposit to be paid by the applicant no sooner than 2 billing periods typically or routinely used by the utility.

- 3) For all deposits, the date by which the entire deposit must be paid must be plainly indicated on the deposit request. The amount of the deposit may be adjusted at the request of the customer, applicant or utility at any time when the character or degree of use of the service materially changes or when it is clearly established that the character or degree of use of the service will materially change in the immediate future.

- d) Refund of Deposits

- 1) Deposits plus interest shall be automatically refunded after being held for twelve months as follows:

- A) if the twelve months during which the deposit was held are within the first twenty-four months that a customer has received utility service, the deposit plus interest shall be refunded only so long as the service has not been interrupted for nonpayment or so long as the customer has not paid late four times if billed monthly, two consecutive times or three times if billed bi-monthly or two times if billed quarterly or semi-annually or so long as the customer's wires, pipes, meters or other service equipment have not been tampered with during the time the deposit was held which resulted in the customer enjoying the benefit of the tampering;

- B) if the twelve months during which the deposit was held were

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subsequent to the first twenty-four months that a customer has received utility service, the deposit plus interest shall be refunded only so long as the service has not been interrupted for nonpayment or so long as the customer has not paid late six times during the past twelve months if billed monthly, or three times if billed bi-monthly or two times if billed quarterly or semi-annually or so long as the customer's wires, pipes, meters or other service equipment have not been tampered with during the time the deposit was held which resulted in the customer enjoying the benefit of the tampering.

- C) deposits plus interest need not be refunded until the customer pays any past due bills for utility service.
- 2) Deposits plus interest shall be refunded upon the discontinuance of service for more than thirty days less the amount of unpaid bills, if any, for the service. A transfer of service from one premise to another within the area served by the utility need not be deemed a discontinuance of service by the utility if the character of service remains the same. When a deposit plus interest is applied to the liquidation of unpaid bills, the utility shall provide the customer with a statement (Cancellation Notice) showing the amount of the deposit, the amount of any accrued interest, the amount of the unpaid bill(s) liquidated by the deposit plus interest and the balance remaining due either to the customer or to the utility.
- 3) All deposit refunds shall be by separate check and not by credit to the customer's account except where discontinuance of service is affected.
- 4) At the option of the utility, a deposit plus interest may be refunded, in whole or in part, at any time earlier than the times hereinbefore prescribed.

e) Interest on Deposits

- 1) Interest shall be paid on all deposits held by the utility. The rate of interest to be paid on such deposits will be calculated following completion of the instant rulemaking procedures and every December thereafter. The rate of interest will be the same as the rate existing for the average one-year yield on U.S. Treasury securities for the last full week in November one year United States treasury bills at that point in time when the determination of the interest rate is made by the Commission. The interest rate will be rounded to the nearest one-half (1/2) of one percent (1%). In December of each year the Commission shall announce the rate of interest that which shall be paid on all deposits held during all or part of the subsequent year.
- 2) At the end of every year of service, if the deposit plus interest is not refunded to the customer, the utility shall automatically refund the accrued interest on the deposit to the customer by crediting the customer's account and so stating this credit

ILLINOIS COMMERCE COMMISSION

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clearly on the customer's next regular bill.

f) Records of Deposits

- 1) A utility shall maintain records of deposits together with interest, which collectively will show all transactions pertaining to each deposit. A Utility shall provide the applicant or customer with a Certificate of Deposit for any deposit received. The Certificate shall show the customer's name, service address, serial number, type of service, amount of deposit, rate of interest on deposit, date received, utility's name and a statement of the conditions under which the deposit will be refunded to the applicant or customer. Nothing is implied herein to require a utility to accept deposits from third parties on behalf of an applicant or customer.

- 2) When a deposit is refunded, the utility shall issue a Cancellation Notice carrying the same serial number as the Certificate of Deposit. When refunds are not deliverable, records shall be maintained to show a utility's efforts toward locating the applicant or customer and delivering such deposit.

AGENCY NOTE: As required by 1 Ill. Adm. Code 100.380, statutory language in this Section appears in distinguishing type. However, the Small Business Utility Deposit Relief Act, which is the statute quoted, applies only to deposits requested from "small businesses" as defined in Section 280.40. Therefore, the statutory language in this Section is statutorily mandated as to small businesses only, and not as to other customers or applicants.

(Source: Amended by emergency rulemaking at 25 Ill. Reg. effective December 13, 2001, for a maximum of 150 days)

16545-

ILLINOIS COMMERCE COMMISSION

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
- 2) Code Citation: 83 Ill. Adm. Code 735
- 3) Section Numbers: Emergency Action:
735.120 Amendment
- 4) Statutory Authority: Implementing Sections 8-101 and 9-252 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/8-101, 9-252, and 10-101].
- 5) Effective Date of Amendment: December 13, 2001
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A
- 7) Date Filed with the Index Department: December 12, 2001
- 8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the Commission's Springfield office and is available for public inspection.
- 9) Reason for Emergency: The U.S. Treasury no longer sells 1 year treasury bills. This instrument provided the basis for the Commission's setting of an interest rate to be paid by local exchange carriers on deposits.
- 10) A Complete Description of the Subjects and Issues Involved:

The Commission has established rules concerning the deposits to be paid by applicants for service and customers. In Section 735.120(h)(1), the Commission states:

Interest shall be paid on all deposits held by the utility. The rate of interest will be the same as the rate existing for one year United States treasury bills at that point in time when the determination of the interest rate is made by the Commission. The interest rate will be rounded to the nearest one-half (1/2) of one percent (1%). In December of each year the Commission shall announce the rate of interest which shall be paid on all deposits held during all or part of the subsequent year.

The United States Treasury no longer offers one year (52 week) Treasury bills. The last auction of 52 week U.S. Treasury bills took place on February 27, 2001. The discount rate for these bills is 4.240%, and the

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investment yield is 4.442%. Based on the current financial markets, this rate established in February is not supportable for the interest rate to be paid by utilities on the deposits during 2002.

As an alternative, the Commission will use the average 1-year yield on U.S. Treasury securities for the last full week in November as the rate to be paid by carriers on deposits for the next calendar year. This will provide a rate analogous to the rate on the one year bills previously sold.

This rulemaking is limited in scope to the selection of the government instruments to be used as the basis for the interest rate to be paid on deposits by utilities and telecommunications carriers.

- 11) Are there any proposed amendments to this Part pending? No
- 12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any state mandate on units of local government, school districts, or community college districts.
- 13) Information and questions regarding this amendment shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701
(217)785-3922
Fax: (217)524-9280

The full text of the Emergency Amendments appears on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF EMERGENCY AMENDMENTS

at 18 Ill. Reg. 6164, effective May 1, 1994; amended at 18 Ill. Reg. 17981, effective December 15, 1994; emergency amendment at 25 Ill. Reg. 16552, effective December 13, 2001 for a maximum of 150 days.

Section 735.120 Deposits
EMERGENCY

Conditions under which a company may request a deposit from applicants for service and present customers are set out in Sections 735.100 and 735.110 of this Part, respectively.

- a) Amount of Deposits -- No company shall request a deposit from an applicant or customer in excess of the estimated charges for two (2) months for residential service, and four (4) months for business service. The estimated charges for customers shall be based on the average monthly billing of the past six (6) months to that customer. In the case of an applicant for service or a present customer who does not have six (6) months service with the company, the company may use the average monthly bill for that class and type of service to determine the correct amount for that deposit. The estimated deposit for an applicant may take into consideration past billing history for service of another company if service was provided within the State of Illinois and within six (6) months of the application. The Company's tariffs shall provide the methods by which deposits shall be calculated. The amount of deposit may be adjusted by the company for a customer pursuant to Section 735.110. The amount of the deposit may be adjusted at the request of the customer, applicant or utility at any time when the character or degree of use of the service materially changes or when it is clearly established that the character or degree of use of the service will materially change in the immediate future.
- b) Payment of Deposits -- A utility may request that a maximum of 1/3 of the amount of a requested deposit from any customer be paid within twelve (12) days after the date of the request for deposit. An applicant may be requested to pay no more than 1/3 of the deposit amount prior to the establishment of service. At least two billing periods shall be allowed for the balance of the deposit. A customer or applicant may, at their option, pay the deposit on a more expedited schedule.
- c) Refund of Deposits
 - 1) Deposits plus interest shall be automatically refunded after being held for twelve (12) months, so long as:
 - A) the customer has paid any past due bill for service owed to the same company;
 - B) service has not been discontinued for nonpayment,
 - C) the customer has not paid late four (4) times, or
 - D) the company has not provided evidence that the customer used a device or scheme to obtain service without payment.
 - 2) If the company does not return a customer's deposit after twelve (12) months, the company shall provide the customer with the

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER f: TELEPHONE UTILITIES

PART 735

PROCEDURES GOVERNING THE ESTABLISHMENT OF CREDIT, BILLING, DEPOSITS, TERMINATION OF SERVICE AND ISSUANCE OF TELEPHONE DIRECTORIES FOR LOCAL EXCHANGE TELECOMMUNICATIONS CARRIERS IN THE STATE OF ILLINOIS

Section	
735.10	Definitions
735.20	Policy
735.30	Scope and Application
735.40	Discrimination Prohibited
735.50	Variance
735.60	Saving Clause
735.70	Customer Billings
735.80	Deferred Payment Agreements
735.90	Preferred Payment Dates
735.100	Applicants for Service
735.110	Present Customers
735.120	Deposits
<u>EMERGENCY</u>	
735.121	Refunds of Additional Charges
735.130	Discontinuance or Refusal of Service
735.140	Illness Provision
735.150	Payment for Service
735.160	Past Due Bills
735.170	Service Restoral Charge
735.180	Directories
735.190	Dispute Procedures
735.200	Commission Complaint Procedures
735.210	Public Notice of Commission Rules
735.220	Second Language
735.230	Customer Information Booklet
APPENDIX A	Notice of Discontinuance of Service
APPENDIX B	Requirements to Avoid Shutoff of Service in the Event of Illness
APPENDIX C	Public Notice Concerning Availability of this Part

AUTHORITY: Implementing Sections 8-101 and 9-252 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/8-101, 9-252, and 10-101].

SOURCE: Adopted at 7 Ill. Reg. 2108, effective February 4, 1983; codified at 7 Ill. Reg. 15969; emergency amendment at 7 Ill. Reg. 16055, effective November 17, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 5161, effective April 13, 1984; amended at 18 Ill. Reg. 4146, effective March 15, 1994; amended

ILLINOIS COMMERCE COMMISSION

NOTICE OF EMERGENCY AMENDMENTS

reasons the deposit is being retained, if the customer so requests.

- d) Records of Deposits -- The company shall maintain records of deposits together with interest, which collectively will show all transactions pertaining to each deposit. The company shall provide the applicant or customer with a Deposit Receipt for any deposit received. The Receipt shall show the customer's name, service address, serial number, type of service, amount of deposit, rate of interest on deposit, date received, Company's name, and a statement of the conditions under which the deposit will be refunded.
- e) Deposits plus interest shall be refunded when service has been terminated for more than thirty (30) days, less the amount of unpaid bills, if any, for that service. A transfer of service from one premise to another within the area served by the company shall not be deemed a termination of service by the company if the class of service remains the same. When a deposit plus interest is applied to the liquidation of unpaid bills, the company shall provide the customer with a statement showing the amount of the unpaid bill(s) liquidated by the deposit plus interest, and the balance remaining due either to the customer or to the company.
- f) All deposit refunds shall be by separate check and not by credit to the customer's account unless the deposit is used to pay the customer's final bill. When a deposit or portion of deposit is refunded, the company shall issue a Cancellation Notice carrying the same serial number as the Deposit Receipt and showing what portion of deposit is being refunded. No refund of less than one dollar (\$1.00) need be issued. When refunds are not deliverable, records shall be maintained to show a Company's efforts toward locating the applicant or customer, and delivering such refund.
- g) At the option of the company, a deposit plus interest may be refunded, in whole or in part, at any time earlier than the times prescribed herein.
- h)
 - 1) Interest shall be paid on all deposits held by the utility. The rate of interest will be the same as the rate existing for the average one-year yield on U.S. Treasury securities for the last full week in November one-year--States--treasury--bills--at--that point--in--time--when--the--determination--of--the--interest--rate--is--made by--the--Commission. The interest rate will be rounded to the nearest one-half (1/2) of one percent (1%). In December of each year the Commission shall announce the rate of interest that which shall be paid on all deposits held during all or part of the subsequent year.
 - 2) At the request of a customer, the company shall compute the accrued interest upon the deposit and pay such amount to the customer. The company need not make such payment more often than once in a twelve (12) month period, nor sooner than twelve (12) months after receipt of a deposit.

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NOTICE OF EMERGENCY AMENDMENTS

- i)
 - 1) Guarantee in Lieu of Deposit -- In lieu of a deposit required by these rules, a company shall accept the written guarantee of a responsible party as surety for a residential service account. A current customer of the same company with at least twelve (12) months' service which has not been discontinued for nonpayment during the most recent twelve (12) months qualifies as a responsible party.
 - 2) The form of each Company's guarantee must be filed with and approved by the Illinois Commerce Commission. A guarantee shall be approved in accordance with these rules if it conforms to the following conditions:
 - A) It shall be in writing.
 - B)
 - i) It shall state the terms of the guarantee (including the maximum amount guaranteed) and that the company shall not hold the Guarantor liable for sums in excess of that amount.
 - ii) This guarantee shall remain in full force and effect until thirty (30) days after receipt by the company of a cancellation of this agreement from Guarantor. However, the company is not obliged to release the Guarantor from their obligation if the company has reason to believe that the customer has used a device or scheme to obtain service without payment, and has so notified the customer.
 - C) The maximum amount guaranteed shall not exceed the amount of the deposit which would have been charged the applicant or customer.
 - D) The Guarantor shall be released from their obligation when the customer has met the criteria set forth in Section 735.120(c).
 - j) A company shall agree to accept a Surety Bond in lieu of a cash deposit, provided that such surety bond has been issued by an insurance company that has received a certificate of authority from the Department of Insurance to do business in Illinois.

16552 -

(Source: Emergency amendment at 25 Ill. Reg. _____, effective December 13, 2001, for a maximum of 150 days)

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF FINE IMPOSED UNDER
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act"), 205 ILCS 635/4-5(h) (2000), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has issued a fine of \$500 against Remington Financial Corporation, License No. 5786, of Oak Park, Illinois a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective December 10, 2001.

DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

- 1) Heading of the Part: Weights and Measures Act
- 2) Code Citation: 8 Ill. Adm. Code 600
- 3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 12943; October 19, 2001
- 4) Date, Time and Location of Public Hearing:
Monday, January 14, 2002 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Auditorium
State Fairgrounds, 8th & Sangamon
Springfield, IL 62794-9281

- 5) Other Pertinent Information: Each person presenting oral testimony shall provide a written copy of such testimony at the time the oral testimony is presented.

Individuals who are unable to attend the public hearing but wish to comment on the Proposed Rules should submit written comments to:

Department of Agriculture
Attention: Linda Rhodes
P.O. Box 19281
Springfield IL 62794-9281
217/785-5713
FAX #: 217/785-4505

In order for mailed comments to be available for consideration at the public hearing, please mail no later than January 8, 2002. All comments received will be fully considered by the agency.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

NOTICE OF DEADLINE FOR THE SUBMISSION OF APPLICATIONS FOR
GREEN ILLINOIS COMMUNITIES PROGRAM GRANTS

In accordance with 35 Ill. Adm. Code 887.215(b), the Illinois Environmental Protection Agency hereby gives notice that the deadline for submitting applications for Green Illinois Communities Program grants is February 25, 2002. To request a grant application or obtain additional information regarding the Green Illinois Communities Program, please contact:

Janet Hawes-Davis
Green Illinois Communities Program Coordinator
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
(217) 524-8358
(217) 785-8346

Information can also be obtained through the Illinois Environmental Protection Agency's website at www.epa.state.il.us.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of December 11, 2001 through December 17, 2001 and have been scheduled for review by the Committee at its January 9, 2002 meeting in Springfield. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
1/24/02	Illinois Commerce Commission, Standards of Service Applicable to Wireless 9-1-1 Emergency Systems (83 Ill Adm Code 728)	9/21/01 25 Ill Reg 11971	1/9/02
1/24/02	Department of Natural Resources, Public Use of State Parks and Other Properties of the Department of Natural Resources (17 Ill Adm Code 110)	10/26/01 25 Ill Reg 13584	1/9/02
1/24/02	Capital Development Board, Grant Agreement Procedures (71 Ill Adm Code 41)	10/26/01 25 Ill Reg 13355	1/9/02
1/24/02	Capital Development Board, Procurement Practices (44 Ill Adm Code 910)	10/26/01 25 Ill Reg 13365	1/9/02
1/24/02	Capital Development Board, Selection of Architects/Engineers (A/E) (44 Ill Adm Code 1000)	10/26/01 25 Ill Reg 13369	1/9/02
1/24/02	Department of Public Aid, General Administrative Provisions (89 Ill Adm Code 101)	9/7/01 25 Ill Reg 11334	1/9/02
1/25/02	Department of Nuclear Safety, Department of Nuclear Safety Science Scholarship Program (Repealer) (32 Ill Adm Code 700)	10/12/01 25 Ill Reg 12746	1/9/02
1/25/02	Office of the Treasurer, College Savings Pool (23 Ill Adm Code 2500)	10/19/01 25 Ill Reg 13276	1/9/02

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

1/26/02	Pollution Control Board, Tiered Approach to Corrective Action Objectives (35 Ill Adm Code 742)	9/21/01 25 Ill Reg 11994	1/9/02
1/26/02	Pollution Control Board, Groundwater Quality (35 Ill Adm Code 620)	9/21/01 25 Ill Reg 11973	1/9/02
1/26/02	Pollution Control Board, Regulatory and Informational Hearings and Proceedings (35 Ill Adm Code 102)	7/13/01 25 Ill Reg 8732	1/9/02
1/26/02	Pollution Control Board, Water Use Designations and Site Specific Water Quality Standards (35 Ill Adm Code 303)	7/13/01 25 Ill Reg 8750	1/9/02
1/26/02	Pollution Control Board, Water Quality Standards (35 Ill Adm Code 302)	7/13/01 25 Ill Reg 8739	1/9/02
1/27/02	Department of Revenue, Payment of Taxes by Electronic Funds Transfer (86 Ill Adm Code 750)	10/19/01 25 Ill Reg 13255	1/9/02
1/30/02	Department of Agriculture, Agrichemical Facility Response Action Program (8 Ill Adm Code 259)	8/3/01 25 Ill Reg 9725	1/9/02

PROCLAMATIONS

2001-650

APRIL 2002 AS SEED MONTH

WHEREAS, the abundance of Illinois crops relies on fertile soil, diligent farmers, and high quality seeds; and

WHEREAS, to ensure that seeds are of the highest quality, there must be agricultural-minded seed producers, conscientious inspectors, skilled technicians, and concerned dealers; and

WHEREAS, agriculture and the seed industry significantly contribute to our State's economy with value-added products marketed throughout the world; and

WHEREAS, the Bureau of Agricultural Products Inspection within the Illinois Department of Agriculture tests the purity and germination of seeds, validates the accuracy of product labels, and cooperates with the Illinois Crop Improvement Association, the state's official seed-certifying agency, an independent, nonprofit organization; and

WHEREAS, in cooperation with educational and regulatory agencies, the Illinois Seed (Trade) Association has sustained an informed membership, the latest research developments, the production of high-quality seed, and has developed an effective seed program advocating pertinent legislation;

THEREFORE, I, George Ryan, Governor of the State of Illinois, proclaim April 2002 as SEED MONTH in Illinois in appreciation of the seed industry's contribution to supplying food and fiber to the world through the production of Illinois crops.

Issued by the Governor December 11, 2001.

Filed by the Secretary of State December 13, 2001.

2001-651

BACK HEALTH WEEK

WHEREAS, the Back Rehab Institute is observing January 14-18, 2002, as National Back Health Week; and

WHEREAS, the goal of the Back Rehab Institute is to promote back health and to prevent back injury through community education, medical practice and research; and

WHEREAS, the Back Rehab Institute plays an integral role in continued efforts to provide care and assistance, coordinate activities, and disseminate information to promote good back health, prevention of injury and wellness;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim January 14-18, 2002, as BACK HEALTH WEEK in Illinois.

Issued by the Governor December 11, 2001.

Filed by the Secretary of State December 13, 2001.

2001-652

ENGINEER'S WEEK

WHEREAS, the engineering community of this State has provided a wealth of innovation in the fields of agriculture industry, transportation, construction, and education; and

WHEREAS, increasingly, we must depend upon these professional men and women to find technological solutions to the problems we will face in the

future; and

WHEREAS, in order to emphasize the role of professional engineers in our society, the 2002 theme for National Engineers Week is "Zoom Into Engineering"; THEREFORE, I, George Ryan, Governor of the State of Illinois, proclaim February 17-23, 2002, as ENGINEER'S WEEK in Illinois.

Issued by the Governor December 11, 2001.

Filed by the Secretary of State December 13, 2001.

2001-653

JANUARY 21, 2002 AS MARTIN LUTHER KING DAY

WHEREAS, Martin Luther King, Jr. devoted his life to civil rights and public service; and

WHEREAS, Dr. King recognized that everybody can be great because everybody can serve, and during his lifetime encouraged all Americans to serve their neighbors and their communities; and

WHEREAS, the citizens of Illinois honor Dr. King's legacy each year in January; and

WHEREAS, this day focuses on bringing people together and breaking down the barriers that have divided us as a nation; and

WHEREAS, thousands of Illinois residents use Martin Luther King Day as a "day on, not a day off," by spending it performing community service;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim January 21, 2002, as MARTIN LUTHER KING DAY in Illinois and recognize it as a Day of Service throughout Illinois, and further encourage each citizen to take part in service that will benefit communities and neighborhoods and provide a fitting memorial to the life of Martin Luther King, Jr.

Issued by the Governor December 11, 2001.

Filed by the Secretary of State December 13, 2001.

Rules acted upon in Volume 25, Issue 52 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquir about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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